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ABSTRACT

This report examines what states have done with their new responsibilities under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). Although Congress has gone a long way toward undoing the initial immigrant restrictions of the PRWORA, it has left the devolution of authority from the federal government to the states to determine immigrants' eligibility for public benefits. Many states have chosen to provide considerable assistance to immigrants, especially when costs are shared with the federal government. Nearly every state has chosen to maintain Temporary Assistance for Needy Families as well as Medicaid, for immigrants who were already in the United States when the law was passed. Many have provided other programs. Closer inspection, though, shows that many of the new substitute programs are limited in the extent to which they actually reach immigrants. Many states target only discrete groups, such as children or the elderly, and others impose many conditions on eligibility. One of the legacies of the PRWORA is the new distinction between qualified and unqualified immigrants. Overall, the safety net for immigrants remains weaker than before welfare reform, and non-citizens generally have less access to assistance than citizens. State programs do not fully substitute for federal assistance, and states still face many immigrant issues that have not been addressed. (Contains 22 tables, 131 end notes, and 32 references.) (SLD)

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Patchwork Policies: State Assistance for Immigrants under Welfare Reform

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Occasional Paper Number 21

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Assessing the New Federalism
An Urban Institute Program to Assess Changing Social Policies

Patchwork Policies: State Assistance for Immigrants under Welfare Reform

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An Urban Institute Program to Assess Changing Social Policies

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This report is part of the Urban Institute's *Assessing the New Federalism* project, a multiyear effort to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs and their effects. In collaboration with Child Trends, the project studies child and family well-being.

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Assessing the New Federalism

Assessing the New Federalism is a multiyear Urban Institute project designed to analyze the devolution of responsibility for social programs from the federal government to the states, focusing primarily on health care, income security, employment and training programs, and social services. Researchers monitor program changes and fiscal developments. In collaboration with Child Trends, the project studies changes in family well-being. The project aims to provide timely, nonpartisan information to inform public debate and to help state and local decisionmakers carry out their new responsibilities more effectively.

Key components of the project include a household survey, studies of policies in 13 states, and a database with information on all states and the District of Columbia, available at the Urban Institute's Web site. This paper is one in a series of occasional papers analyzing information from these and other sources.

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Patchwork Policies: State Assistance for Immigrants under Welfare Reform

Overview

For immigrants, the passage of federal welfare reform meant much more than ending the entitlement to cash assistance. The law restricted noncitizen eligibility for a wide range of public programs, including Temporary Assistance for Needy Families (TANF), food stamps, Supplemental Security Income (SSI), and Medicaid, and it gave states broad new authority to set social welfare policy for immigrants.

Since the law's enactment, the President and Congress have restored many, but not all, of the benefits from which immigrants were originally barred. Many children, elderly, and disabled immigrants have had their eligibility for food stamps and SSI restored. But most working-age adults remain ineligible for food stamps and most immigrants entering the United States after the law's passage are ineligible for the major federal assistance programs for at least five years.

Although the Congress has gone a long way toward undoing the Personal Responsibility and Work Opportunity Reconciliation Act's (PRWORA) immigrant restrictions, it has left another of the law's legacies intact: the devolution of authority from the federal government to the states to determine immigrants' eligibility for public benefits. Before PRWORA's passage, the federal government had sole responsibility for deciding which immigrants had access to which benefits. In fact, the Supreme Court had

ruled that states could not even bar legal noncitizens from their own benefit programs. The new federal welfare law, however, allows states to bar noncitizens from their own cash and medical assistance programs and from TANF and Medicaid, which are funded with federal dollars. By limiting immigrants' access to federal assistance and vesting states with the authority to set eligibility rules for immigrants, the federal law implicitly gave states another choice: whether to create new state-funded substitute benefits for immigrants.

In many ways, then, welfare reform's immigrant provisions represent a new experiment in federalism and, as a result, raise a number of far-reaching questions. For example, since the federal government determines how many and which immigrants are admitted to the United States, does the federal government have a special obligation to provide for them? What are the implications of this new devolution given that most of the immigrant population is concentrated in only a handful of states? Is the federal goal of promoting self-sufficiency achieved by devolving eligibility decisions to the states?

New State Choices

In this report, we examine what states have done with their newfound responsibilities and assess some of the implications of their policy choices for the questions raised above. PRWORA presented states with five key sets of decisions. States must decide whether to:

- provide federally and state-funded TANF and Medicaid to pre-enactment immigrants (i.e., those already in the United States on August 22, 1996);
- provide new state-funded substitute benefits for immigrants losing eligibility for federal assistance, including the following:
  - (1) a food stamp substitute program;
  - (2) an SSI substitute program;
  - (3) TANF for post-enactment immigrants (i.e., those entering after August 22, 1996) who are subject to a five year bar on federally funded assistance; and
  - (4) Medicaid for the same post-enactment group.
- extend their existing cash and health safety net programs (such as General Assistance, or GA) to immigrants losing federal eligibility;
- implement new restrictions on eligibility for federal, state, and local public benefits for undocumented and other "unqualified" immigrants; and
- create or expand programs to promote naturalization.

Generosity at First Glance

Many states have chosen to provide considerable assistance to immigrants, particularly when the costs are shared with the federal government. Despite fears of a race to the bottom with states providing as few benefits as possible, nearly every state has opted to maintain TANF and Medicaid eligibility for immigrants who were already in the United States when the federal welfare law passed. But even where the costs are borne by the states and localities, many states have stepped in to provide assistance. Over half the states have opted to provide one of the four key substitute programs to immigrants listed above.

Giving with the Right Hand, Taking with the Left

Upon closer inspection, though, many of the new substitute programs states created are limited in the extent to which they actually reach immigrants. For example, many states target only discrete groups such as children or the elderly. While targeting these groups may seem to help the most vulnerable populations, it leaves out the largest group: working-age adults. Further, targeting noncitizen children helps relatively few families since three-quarters of all children in immigrant families are U.S.-born citizens who never lost eligibility. Since their noncitizen parents remain ineligible, however, the household still receives fewer benefits than before welfare reform.

Most states providing substitute benefits to immigrants also limit the reach of their substitute programs by imposing additional conditions on eligibility, such as sponsor-deeming. Under sponsor-deeming the income of an immigrant's sponsor—who signs an affidavit promising to support the immigrant—is counted as the immigrant's when making benefit eligibility determinations. The result usually disqualifies the immigrant for benefits. States also restrict immigrants' access to benefits by imposing residency requirements and by mandating that immigrants apply to naturalize in order to receive assistance. Finally, some of the new substitute programs for immigrants are temporary and expire by the year 2000.

Existing State Cash and Health Programs: A Similar Story

Although many states have kept immigrants eligible for their existing cash programs for the low-income population (usually called GA programs), they are often limited by design. Nearly half the states do not have a state or locally funded cash assistance program and those that do often serve only discrete populations, such as the elderly, disabled, or children. These programs also provide more limited benefits than their federal counterparts. On average, GA programs for the elderly and disabled provide only 77 percent of the average monthly SSI benefit. Further, many GA programs are time-limited, intended to provide interim assistance only until federal assistance can be obtained. Finally, states have often conditioned eligibility for GA by imposing sponsor-deeming and residency requirements.

Few states have restricted immigrants' access to state health insurance programs for those ineligible for Medicaid, nor have they conditioned eligibility with sponsor-deeming, residency, and other requirements to the extent that they did in their GA programs. But fewer than half the states have a health insurance program covering some portion of the low-income population. Those states with programs often serve only selected populations, provide more limited services than Medicaid, or have limited enrollment slots.

Unqualified Immigrants

Another of PRWORA's legacies is the new distinction drawn between "qualified" and "unqualified" immigrants. Undocumented or illegal immigrants have long been ineligible for most public benefits, but this new classification broadens both the groups of immigrants ineligible for assistance and the set of public programs from which they are barred. The law barred undocumented immigrants as well as certain lawfully present immigrants from most federal, state and local public benefits. Consequently, while PRWORA broadened states' authority to set policy for qualified immigrants, it narrowed states' authority to make policy for unqualified immigrants.

California is the only state to take an aggressive approach to implementing the new restrictions on unqualified immigrants. Under the leadership of former Governor Pete Wilson, at least 20 California agencies have issued regulations to bar unqualified immigrants from public services, ranging from the Lead Hazard Control Program to the issuance of commercial driver's licenses. Like his earlier efforts under Proposition 187, which sought to bar undocumented immigrants from public education and other services, most of the state's efforts have been stymied by court challenges. A handful of other states that provided state and local cash or health assistance to immigrants regardless of legal status have since barred the undocumented, but none has attempted to impose restrictions as wide-ranging as California's.

What Explains State Choices?

When we look across the decisions that states have made, a number of patterns emerge. While most states with large immigrant populations (such as California, New York and Illinois) have chosen to provide substantial assistance to immigrants, many states with small immigrant populations (such as Maine and Nebraska) have also made generous decisions. States that have strong existing safety nets—they provide generous state-funded cash assistance and health care to their general population—also tend to make generous choices when it comes to providing assistance to immigrants. States with higher per capita incomes are also generally more likely to provide assistance than states with lower per capita incomes. However, states with large budget surpluses do not appear to provide more assistance than those with small surpluses.

Implications of New Federal and State Policies

Despite the federal benefit restorations and the many states that have chosen to assist immigrants, the social safety net for immigrants remains weaker than before welfare reform and noncitizens generally have less access to assistance than citizens. Some vulnerable groups remain without assistance and variation in services offered across state immigrant safety nets has increased.

Immigrant exceptionalism embedded at the federal and state levels

PRWORA institutionalized the concept of immigrant exceptionalism—treating noncitizens differently from similarly situated citizens—to a new and unprecedented degree in social welfare policy. In some instances, the states have followed the Congress's lead by imposing new types of restrictions on immigrants' access to benefits, including immigrant-specific residency requirements or time limits.

State programs do not fully substitute for federal assistance

Because state assistance programs are limited in their reach, only a handful of states have been able to fully replace lost TANF, Medicaid, or SSI benefits for ineligible immigrants.

Differences between citizens and noncitizens exaggerated

States with more extensive safety nets for their low-income populations tend to be the states that choose to provide assistance to immigrants, leaving immigrants in those states with greater access to assistance than the immigrants living in states with weak safety nets. As a result, states often have both a new substitute program for immigrants and an existing one, or they have neither one. In fact, over half the states have neither a new or existing state-funded cash assistance program available to post-enactment immigrant families during their first five years in the United States. The same is true for state-funded health insurance programs. Because states have more authority to restrict immigrants' access and immigrants have fewer federal benefits to fall back on, devolution has led to even greater variation across state safety nets for immigrants than citizens.

California is different

Despite its anti-immigrant rhetoric, California provides more assistance to immigrants than almost every other state. At the same time, California stands out as the only state to aggressively pursue cutting unqualified immigrants off state and local benefits. This divided approach to immigrant policy reflects the unique politics of immigration in California, where increasing numbers of immigrants are naturalizing in order to vote and immigrant advocacy organizations are growing in strength, yet ballot initiatives such as those limiting affirmative action and bilingual education are approved by the public.

Limited assistance for post-enactment immigrants

Despite their newfound authority to set their own eligibility rules, many states report modeling their policy choices on the example set by the federal government. Some states have followed the federal government's lead by restricting post-enactment immigrants' access to state cash and medical assistance programs, just as the federal government restricted post-enactment immigrants' access to several federal programs. Their choices have meant that state safety net programs intended to provide assistance to those ineligible for federal programs—such as General Assistance—restrict eligibility to the very groups that lost federal assistance. As a result, the same immigrants who are barred from federal programs often fall through the cracks of state programs as well.

Passing the buck

By barring many immigrants from federal assistance, the federal government shifted costs to states, many of which already bore a fiscal burden for providing assistance to immigrants. States that opted to provide substitute benefits to immigrants clearly bear an even greater fiscal responsibility. Because some state safety net programs are paid for in part or whole by localities (California's General Relief and New York's food substitute program, e.g.), a portion of the fiscal responsibility has been passed through from the states to local governments.

Eligibility does not ensure access

Although this report focuses on state eligibility decisions, the rules alone do not ensure that immigrants receive assistance for which they qualify. It may be the case that even if states make every effort to keep immigrants eligible for public benefits, they may not apply for it. Recent analyses of immigrants' use of public benefits indicate that many noncitizens are not seeking assistance for which they remain eligible. The sheer complexity of and constant changes in eligibility rules are likely to play a role. But concerns (some of which are unfounded) about the impacts of benefit receipt on an immigrant's ability to sponsor a relative or naturalize are also having a chilling effect on immigrants' use of public benefits.

Decisions still to be made

It has been over two and a half years since the federal welfare law passed, but states are not done setting policy for immigrants. States face a host of immigrant-related decisions that have not been addressed here, such as whether and how to enforce the new affidavits of support signed by immigrants' sponsors. The federal government may restore benefits to more legal immigrants, leaving states with new decisions about whether to shift their substitute programs to cover populations still ineligible for federal benefits. States may also choose to change the decisions they have made at any time. They may scale back benefits if economic times worsen or they may provide more benefits if the impacts of restrictions on immigrant families is too great.

One thing that is not likely to change, however, is the devolution of authority from the federal government to the states to determine immigrant access to public benefits. States will continue to make decisions for their immigrant populations and, consequently, play an increasingly important role in shaping the nation's immigrant policy.

Introduction

It is well known that the 1996 federal welfare reform law reshaped the nation's welfare system. It is also widely known that the law restricted noncitizens' access to many public benefits. But less well understood is the extent to which the law transformed how social welfare policy for immigrants is made, shifting broad authority from the federal government to the states.

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA),[1] enacted in August 1996, bars legal and undocumented immigrants from a wide range of public benefits for which they were previously eligible. For the first time since welfare was created, legal immigrants are now eligible for significantly fewer benefits than citizens.

When President Clinton signed PRWORA into law, he explicitly stated that he intended to undo many of the restrictions targeted to immigrants. In the more than two and a half years since then, the federal government has taken major strides in that direction. Supplemental Security Income (SSI) benefits have been restored to most elderly and disabled immigrants who were in the United States at the time PRWORA passed.[2] And eligibility for food stamps has been reinstated for most elderly and disabled immigrants, as well as immigrant children living in the United States when the law passed.[3] Congress has proposed additional benefit restorations for other groups of immigrants.[4]

The restorations enacted substantially reduce the impact of federal welfare reform's immigrant restrictions. But they leave untouched another major legacy of the law: an unprecedented federal devolution of authority to states to determine immigrants' access to public assistance.

The federal government has long had an explicit immigration policy that determines how many and which immigrants are admitted to the United States. But the nation's *immigrant* policy—how immigrants should be treat-

ed once in the United States—has been implicit and de facto, made up of a variety of rules governing noncitizens' access to education, public benefits, and the like.[5] PRWORA not only begins to define a U.S. immigrant policy more clearly—establishing an explicit policy of exclusion—it also shifts the level of control over immigrant policy to a greater extent than ever before from the federal government to the states.[6] Federal welfare reform leaves states with a wide range of options regarding which immigrant groups can be made eligible for state- and locally funded public assistance programs and for certain jointly funded federal and state programs (namely, Temporary Assistance for Needy Families, or TANF, and Medicaid). But it also leaves them with the choice of whether to fill the gap left by the loss of federal assistance for low-income immigrants by providing and financing new substitute services.

Many observers expected that states would react to these choices with a "race to the bottom," limiting immigrant eligibility for as many services as possible. State reactions have turned out to be more ambiguous than that—often giving with the right hand but taking away with the left. Over half the states (28) have created at least one new substitute program for immigrants losing eligibility for federal benefits. But they have also imposed eligibility restrictions, such as time limits, residency requirements, and naturalization requirements, that limit the extent to which immigrants will actually receive state substitute benefits.

State choices vary significantly, with states making the fewest efforts to replace lost benefits tending to be the poorest and to have the weakest safety nets in the first place. In fact, immigrants now face more variation from state to state than citizens do because states have even more discretion over the eligibility of immigrants than they do over the eligibility of citizens.

The new federal restrictions and the state choices that have followed have also increased fiscal inequities across states. Although the federal tax contributions made by immigrants outweigh the costs of providing them with federally funded services, states and localities often shoulder a net fiscal burden. And this burden is concentrated in the handful of states, such as California and New York, with most of the immigrant population.[7]

This report discusses the devolution of immigrant policymaking from the federal government to the states and examines in some detail the choices states have made regarding immigrant eligibility for public benefits. We first provide a backdrop for our discussion with a brief review of demographic trends and underlying policy issues. We then outline PRWORA's immigrant provisions, subsequent federal policy changes, and the choices with which states have been presented. We follow this with an analysis of the decisions states have made. We then examine factors that might explain state policy choices, including the size of a state's immigrant population, its wealth, and the generosity of its pre-PRWORA safety nets. We conclude by laying out some of the key implications of our findings.

Study Approach

Our study is based on a telephone survey of state officials in all 50 states and the District of Columbia.[8] Data collection focused on federal and state programs that provide cash, food, and health assistance.[9] The analysis concentrates on five key decisions states face:

- whether to provide jointly funded federal and state programs to immigrants (namely, TANF and Medicaid);
- whether to create new substitute food, cash, and health programs for immigrants losing eligibility for federal assistance;
- whether to extend their existing safety net programs to immigrants (e.g., General Assistance and health insurance programs);
- whether to implement new restrictions on eligibility for federal, state, and local public benefits for undocumented and other unqualified immigrants; and
- whether to create or expand programs that promote naturalization.

The Policy Context

States have been handed new authority over immigrant policy in a period of dramatic demographic change, national and state economic strength, and fluid federal policies. Rapidly rising numbers of immigrants to states that have not traditionally received them have brought the issue of providing benefits to immigrants to a growing number of states. Rising rates of benefits use by immigrants before welfare reform increased the visibility of this politically charged issue. Good economic health and large state budget surpluses have made generous decisions easier, but flip-flopping federal policy regarding immigrants and public benefits has led to confusion and increasingly complex eligibility rules.

Demographic Change

Although the immigrant population is still concentrated in a handful of states—three-quarters of the nation's foreign-born live in only seven states—over half the states now have more than 100,000 immigrants each (table 1). And states that have historically received few immigrants have recently seen their immigrant populations grow faster than the states with the most foreign-born residents. The foreign-born population in the 41 states with the fewest immigrants grew by 36 percent between 1990 and 1996, for example, while it grew by less than that in all but one (Texas) of the 10 states with the largest immigrant populations (table 2).

Immigrants make up a disproportionate share of the poverty population targeted by most public assistance programs. Although noncitizens make up about 6 percent of the total U.S. population, they account for double that share of the U.S. population in poverty and one-third of California's poverty population (table 3).

Rising—and Falling—Rates of Benefit Use

Before welfare reform, noncitizens' use of public benefits had been rising faster than use by citizens.[10] This was particularly true for SSI, which had significantly higher participation rates among immigrants than among natives on the eve of welfare reform. In fact, it was the rapidly rising use of SSI by immigrants that caught legislators' attention and led to the first immigrant-targeted welfare cut.[11] Since passage of welfare reform, benefit participation rates among noncitizens have dropped faster than among citizens.[12]

Strong National and State Economies

Although states vary widely in overall wealth and fiscal health, most states had a better economic outlook in the mid- to late-1990s than during the national recession of the late 1980s and early 1990s. Only eight states had real per capita incomes over $25,000 in 1991, compared with over twice as many states (21) by 1997. Only 18 states had substantial budget balances (equal to 5 percent or more of their total expenditures) in FY 1991, compared with nearly twice as many states (32) in FY 1997.[13]

Shifting Policy Environment

Since federal welfare reform passed in August 1996, the policy choices states face have been constantly changing, as the federal government has reversed several of PRWORA's provisions restricting immigrant eligibility. Several factors have led to these changes.

First, public and political opinion on immigrant issues has shifted in ways that appeared unlikely at the time welfare reform became law. Well-publicized stories about the anticipated effects of the termination of SSI benefits for elderly and disabled immigrants and the initial impacts of food stamp cuts were major contributors. Similar human interest stories have raised the visibility of immigrant issues at state and local levels as well.[14]

Growing advocacy efforts at federal and state levels have also had an effect. To a greater extent than ever before, immigrant advocacy organizations teamed up with groups that serve broader low-income constituencies to lobby on behalf of immigrants.[15]

In addition, long waits for naturalization—up to two years in some cities, such as Los Angeles—have probably played a part in rising public frustration over the federal restrictions.[16] On the one hand, the argument that immigrants simply had to naturalize in order to reap the benefit of membership in U.S. society did not hold water

when those who wanted to become citizens could not. On the other hand, increasing numbers of immigrants are in fact naturalizing and voting in record numbers—a fact that surely has not been lost on lawmakers setting state policy for immigrants.

Finally, in the spirit of devolution—and in line with its approach toward welfare reform generally—the federal government has left it to the states to decipher the complex set of decisions embedded in the law. In fact, federal action has at times followed state responses. For example, Washington state approached the federal government about the possibility of purchasing federal food stamps to distribute to newly ineligible immigrants before the federal government made it possible for all states to do so. In addition, the federal government has been slow to define key terms in the federal welfare law, such as what is considered a "federal public benefit." The result has been substantial variation in the pace of implementation across states and a lack of guidance that leaves some state policymakers confused about their new roles and responsibilities.

Federal Welfare Reform and the Devolution of Immigrant Policy

In the following section, we examine PRWORA's immigrant-related provisions, the federal benefit restorations enacted since PRWORA's passage, and their implications for the devolution of immigrant policy to the states.

PRWORA's Immigrant Restrictions

The federal welfare reform law imposed restrictions on legal and undocumented immigrants' eligibility for a wide range of benefits. In so doing, it drew distinctions among immigrant groups in entirely new ways.

Distinguishing between Pre- and Post-enactment Immigrants

The law originally barred most legal immigrants from food stamps and SSI, regardless of their date of entry to the United States. But for other programs, it created an important distinction between legal immigrants who entered before the law passed (pre-enactment immigrants) and those who entered after (post-enactment immigrants). States were given the option to bar most pre-enactment immigrants from TANF and nonemergency Medicaid programs. Most post-enactment immigrants, however, were barred from "federal means-tested benefits," defined to include SSI, food stamps, TANF, nonemergency Medicaid, and the state Child Health Insurance Program (CHIP) program for their first five years in the United States. Part of the rationale for these restrictions on post-enactment immigrants was that they were required by PRWORA to have sponsors who had proven that they could financially support the new entrants and signed a legally enforceable affidavit promising to do so.[17]

Figure 1 *Noncitizen Benefit Eligibility*

		SSI	Food Stamps	Medicaid	TANF	State/Local Public Benefits
Qualified immigrants arriving *on* or *before* August 22, 1996						
Qualified Immigrants		Eligible[1]	Eligible[2]	State option	State option	State option
Exempted Groups	**With 40 quarters of work**	Eligible	Eligible	Eligible	Eligible	Eligible
	Military personnel and their families	Eligible	Eligible	Eligible	Eligible	Eligible
	Refugees/ Asylees	Eligible for first 7 years	Eligible for first 7 years	Eligible for first 7 years; state option afterward	Eligible for first 5 years; state option afterward	Eligible for first 5 years; state option afterward
Qualified immigrants arriving *after* August 22, 1996						
		SSI	**Food Stamps**	**Medicaid**	**TANF**	**State/Local Public Benefits**
Qualified Immigrants		Ineligible	Ineligible	Barred for first 5 years; state option afterward	Barred for first 5 years; state option afterward	State option
Exempted Groups	**With 40 quarters of work**	Barred for first 5 years; eligible afterward	Barred for first 5 years; eligible afterward	Barred for first 5 years; state option afterward	Barred for first 5 years; state option afterward	Eligible
	Military personnel and their families	Eligible	Eligible	Eligible	Eligible	Eligible
	Refugees/ Asylees	Eligible for first 7 years	Eligible for first 7 years	Eligible for first 7 years; state option afterward	Eligible for first 5 years; state option afterward	Eligible for first 5 years; state option afterward
Unqualified immigrants						
		SSI	**Food Stamps**	**Medicaid**	**TANF**	**State/Local Public Benefits**
Unqualified Immigrants		Ineligible[3,4]	Ineligible[4]	Eligible for emergency services only[3]	Ineligible	Ineligible[5]

Notes:

SSI = Supplemental Security Income; TANF = Temporary Assistance for Needy Families

1. Qualified immigrants receiving SSI on 8/22/96 are eligible. All qualified immigrants lawfully residing in the United States on 8/22/96 who are or become disabled are also eligible. All other qualified immigrants are ineligible unless exempted.
2. Qualified immigrants who were lawfully residing in the United States on 8/22/96 and are under 18 years; disabled or blind; or 65 years or older on 8/22/96 are eligible. All other qualified immigrants are ineligible unless exempted.
3. Immigrants formerly considered Permanently Residing Under Color of Law (PRUCOL) who were receiving SSI on 8/22/96 are eligible for SSI and for Medicaid in states where Medicaid eligibility is linked to SSI eligibility.
4. American Indians born in Canada and certain other tribal members born outside the United States are eligible. For the Food Stamp Program, Hmong and Lao tribe members (and their spouses and children) are eligible.
5. States may provide state and local public benefits to unqualified immigrants only if they pass a law after 8/22/96.

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Creation of Exempted Groups

In addition to pre-enactment immigrants generally being treated more leniently than post-enactment immigrants, several groups of immigrants with arguably the strongest claims were totally exempted from PRWORA's various immigrant bars. These groups include refugees and asylees during their first several years in the United States.[18] Refugees and asylees historically have been given greater access to public benefits than have other immigrants and they are generally poorer than other immigrants and do not have financial sponsors. Immigrants with a strong attachment to the U.S. labor force (i.e., those who have worked for at least 10 years)[19] or who have served in the U.S. military are also exempt from the restrictions.[20] (See figure 1 for a detailed description of eligibility rules.)

Drawing a New Distinction between Qualified and Unqualified

The federal welfare reform law created another milestone in the history of immigrant policy. Before PRWORA, undocumented immigrants were ineligible for all major federal assistance programs. Federal welfare reform broadened the immigrant groups who are barred from assistance and the types of assistance from which they are barred. The law classified immigrants as either qualified or unqualified, barring not only undocumented immigrants but certain lawfully present immigrants from most federal, state, and local public benefits. Qualified immigrants include lawful permanent residents, refugees and other groups admitted for humanitarian reasons, and certain battered spouses and children. (See figure 2 for a definition of key terms.) All other immigrants are considered unqualified, including those with permission to remain in the United States but without legal permanent resident status.

These unqualified immigrants are now barred from a broader set of benefits than they were before, including, federal child care and federal low-income heating assistance.[21] Unqualified immigrants are eligible, however, for emergency services under Medicaid, immunizations, and testing and treatment for symptoms of communicable diseases (whether or not those diseases turn out to be present).[22]

Creating a New Immigrant Policy

Two fundamental policy shifts are inherent in PRWORA's immigrant provisions. First, by treating legal immigrants differently from citizens, these reforms represent a turning point in the history of U.S. immigrant policy. Second, the reforms represent a fundamental shift in the public assistance programs themselves. They mark the first time in the history of the Food Stamp Program that food stamp benefits will be denied to some groups who meet its income requirements.[23]

A policy paradox is also apparent in PRWORA's treatment of immigrants. It represents a departure from the work-first philosophy that is one of the fundamental rationales for federal welfare reform. Although the main thrust of PRWORA was to move welfare recipients into work—by imposing work requirements, for example—

Figure 2 *Key Terms*

Qualified Immigrants:
- lawful permanent residents
- refugees/asylees (defined below)
- persons paroled into the United States for at least one year
- battered spouses and children (with a pending or approved spousal visa or a petition for relief under the Violence Against Women Act)

Unqualified Immigrants: An immigrant not falling within the qualified immigrant group (see above). This group includes undocumented immigrants, asylum applicants, immigrants formerly considered Permanently Residing Under Color of Law (PRUCOL), as well as those with temporary status such as students and tourists.

Refugees/Asylees: Those admitted for humanitarian reasons (the following groups are subject to the same exemptions as refugees and asylees):
- persons with deportation/removal withheld
- Cuban-Haitian entrants
- Amerasians

40 quarters exemption: Lawful permanent residents who have worked at least 40 qualifying quarters as defined by the Social Security Act are exempt from certain bars on immigrants' eligibility (see figure 1). No credit is given for quarters worked after 12/31/96 if the immigrant received a federal means-tested benefit in that quarter. Credit is also given to immigrants for work performed by:
- their parents (before the immigrant reaches age 18)
- their spouse during the marriage (unless the marriage ended in divorce or annulment)

Military exemption: Noncitizens are exempt from bars on eligibility if they are or were:
- on active duty
- honorably discharged
- the spouse, unremarried surviving spouse, or unmarried dependent child of a veteran or active-duty service member
- Filipino war veteran who fought under U.S. command in World War II

Federal means-tested benefits: Qualified immigrants entering the United States after 8/22/96 are barred from these benefits for their first five years in the country. These benefits have been defined as:
- federal food stamps
- Medicaid
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- the state Children's Health Insurance Program (CHIP)

Federal public benefits: Unqualified immigrants are barred from these programs. These benefits have been defined to include certain services provided under 31 programs, such as:
- Social Services Block Grant (SSBG) services
- Low-Income Home Energy Assistance Program (LIHEAP)
- Child Care and Development Block Grant (CCDBG) services

Exemptions include programs that provide immunizations; testing and treatment of the symptoms of communicable diseases; and short-term noncash disaster relief. Programs delivering in-kind services; programs not targeted to individuals or means-tested; and those necessary to protect life or safety are also exempt.

Sponsor-Deeming: The attribution of the income and resources of an immigrant's sponsor or sponsors (and their spouse) to the immigrant for purposes of determining eligibility for public benefits.

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many immigrants are barred from benefits regardless of their employment status. And those barred from TANF lose not only cash assistance, but also the employment services and child care subsidies intended to help welfare recipients get and hold a job. Only one other population had its eligibility for food stamps restricted—able-bodied adults without dependents. But even this group could retain assistance if they met certain work requirements or lived in an area with a high level of unemployment.

Restorations and Narrow Definitions

In the time since welfare reform was signed into law, the federal government has taken several steps to mitigate its impact on immigrants. In addition to restoring eligibility for SSI and food stamps to many pre-enactment children, elderly, and disabled persons, federal legislation has extended the period during which refugees are exempted from the bars against receipt of food stamps, SSI, and Medicaid from five to seven years.[24] The extensions respond to concerns that although refugees would be eligible to become citizens after five years, the naturalization process itself could take considerably longer given existing delays. Federal legislation has also allowed states to purchase federal food stamps for newly ineligible immigrants and delayed implementation of both food stamp and SSI benefit terminations.[25] In October 1998, Congress even approved legislation to maintain SSI benefits for certain elderly and disabled unqualified immigrants who were slated to lose assistance. The bill was introduced by Rep. Clay Shaw (R-FL), one of the original architects of PRWORA's immigrant restrictions.[26]

The SSI and food stamp restorations to date have been targeted to pre-enactment immigrants, deepening the divide between those who entered before and those who entered after the passage of federal welfare reform. Congressional proposals would take benefit restorations a step further by giving eligibility to certain groups of post-enactment immigrants.

The federal government has also limited the potentially broad restrictions of the law by defining key terms more narrowly than it might have. Federal means-tested benefits, for example, have been defined through regulation to include only five programs: food stamps, SSI, TANF, Medicaid, and CHIP, a sharp contrast to the 52 programs qualified immigrants were slated to lose in earlier welfare reform proposals.[27]

The Devolution of Immigrant Policy

The devolution of immigrant policy heralded by the new federal welfare reform raises constitutional issues, introduces hidden mandates, and presents new challenges for the states. Each is discussed briefly in turn.

Constitutionality

For the past century and more—ever since two Supreme Court decisions in 1876 and federal legislation passed in their wake—the federal government has had authority over which immigrants are admitted and how they are treated once here. The two separate Supreme Court decisions declared that state immigration regulations—aimed primarily at keeping out the permanently disabled and providing temporary assistance to those admitted—were unconstitutional because they infringed on Congress's exclusive authority to "regulate commerce with foreign nations."[28] Following that decision, the Immigration Act of 1882 established federal authority over immigration while taxing each new entrant 50 cents to create an immigrant welfare fund. The law also denied admission to "convicts, lunatics, idiots," and other persons likely to become a public charge,[29] setting the initial groundwork for today's debate over immigrants' use of public benefits. Two key Supreme Court decisions in the 1970s (*Graham v. Richardson* 1971 and *Matthews v. Diaz* 1976) underscored the federal government's authority in this area and the states' lack of it. In *Matthews v. Diaz*, the Court ruled that the federal government can discriminate against noncitizens and among different groups of noncitizens when it comes to eligibility for federal benefits. *Graham v. Richardson* held that states *cannot* make these same types of distinctions.[30]

PRWORA's devolution of authority to state governments would appear to conflict with this body of Supreme Court doctrine. Welfare reform does not merely give states a newfound responsibility to restrict legal immigrants' access to state- and locally funded assistance programs; it explicitly tells states to decide whether legal immigrants should be eligible for TANF and Medicaid, programs that are funded in part with federal dollars. Although several lawsuits have been filed questioning the constitutionality of restricting legal immigrant eligibility for federal benefits on the grounds of equal protection (all of these lawsuits either are undecided or have been rejected), the question of whether it is constitutional for the federal government to delegate authority to states to discriminate against legal immigrants has not yet been tested in the courts.[31]

Hidden Mandates

In devolving substantial new authority over immigrant policy to the states, federal welfare reform has created a number of new mandates as well. First, although the law increases flexibility for states to determine the eligibility of legal or qualified aliens for public benefits, it reduces states' discretion to set rules for undocumented or unqualified aliens. Before federal welfare reform, states could not limit the eligibility of legal immigrants in state programs, but they could make *illegal* immigrants ineligible for state-funded benefits. The federal welfare law mandated that states that want to provide assistance to unqualified aliens—even if they were already assisting them before welfare reform—must pass a new law, raising constitutional questions about state rights.[32]

Second, federal welfare reform requires that federal, state, and local agencies providing federal public benefits verify the immigration and citizenship status of applicants for those benefits. The Department of Justice has issued proposed regulations on how to conduct such verification.[33] It is left to the state and local agencies delivering federal benefits, however, to wade through the complex guidelines to ascertain whether they are required to verify immigration status and, if so, to determine how to implement verification.[34] The law also requires agencies providing TANF, SSI, and housing assistance to report to the Immigration and Naturalization Service any alien the agency "knows is not lawfully present in the United States." Regulations on how to implement this requirement have not yet been issued.

The clearest immigration-related mandate that PRWORA creates for the states is, of course, that they pay a greater share of the costs of providing services to their low-income immigrant populations. When immigrants are cut from various federal benefit programs, states face the choice of providing benefits on their own dollar or excluding immigrants from state-funded programs. Even if they choose to limit immigrant eligibility for state assistance, states still bear the consequences of having a needy population without access to a safety net, potentially increasing homelessness, hunger, or state emergency health care costs. Several states (including Vermont and New York) have statutory or constitutional mandates that prohibit them from denying assistance to poor state residents, making it difficult to exclude from state assistance immigrants who are no longer eligible for federal help.

New Challenges

Devolution of authority over immigrant eligibility gives states greater flexibility but also presents a formidable challenge. Many states with small immigrant populations had few concerns about the issue of immigrant eligibility for public benefits before the passage of PRWORA. These states found themselves forced to make complex decisions and implement complicated new rules related to a population about which they knew little. They had to distinguish, for example, among a multitude of immigrant classifications and take into account such factors as date of entry and whether the immigrant or any family member had worked for 40 quarters or was a U.S. veteran.

Decisions about immigrant eligibility for public benefits were not the only choices states had to make. States also had new discretion over TANF time limits, work requirements, and myriad other issues. In anticipation of federal welfare reform, several states had already passed comprehensive state welfare legislation. Even these states had to pass new legislation or regulations solely to address the federal welfare law's immigrant restrictions.

The policy reversals made by the federal government in the two years following federal welfare reform did not scale back the substantial authority over immigrant eligibility decisions delegated to the states. In some respects, states have even more choices now than they had in August 1996. As noted, states may now purchase federal food stamps for immigrants who lost federal eligibility, expanding their ability to replace those benefits. And states that had appropriated funds for substitute benefits

for groups whose eligibility was subsequently restored must decide whether to keep those funds earmarked for immigrant populations not covered by the federal restorations or use them elsewhere. Congressional proposals to restore additional benefits to immigrants would give states more choices, including whether to provide Medicaid and CHIP to certain post-enactment immigrants.

State Choices

The following sections of the report discuss the various policy choices states have made, focusing primarily on:

- Whether to provide federal and state-funded TANF and Medicaid to
  - immigrants already in the United States on August 22, 1996 (pre-enactment immigrants), and
  - immigrants entering after August 22, 1996 (post-enactment immigrants) following the five-year bar.
- Whether to institute new state-funded substitute benefits for immigrants losing federal assistance, including
  - food stamps;
  - SSI;
  - TANF (for post-enactment immigrants during the five-year bar); and
  - Medicaid (for post-enactment immigrants during the five-year bar).
- Whether to allow access for immigrants to states' existing assistance programs, including
  - General Assistance or similar cash assistance programs, and
  - health insurance programs and in-home assistance programs.
- Whether to provide state-funded assistance to unqualified immigrants.
- Whether to provide naturalization assistance.

New Choices, New Programs: States Step in but Barriers Remain

Generosity at First Glance

Given the restrictive immigration measures adopted by Congress and enacted in California around the time PRWORA became law,[35] it may be surprising that, on one level, states have made far more generous choices than many would have anticipated.

Continuation of Benefits

Every state except Alabama is continuing to provide TANF benefits to eligible immigrants who entered the United States before August 22, 1996.[36] And only Wyoming is denying pre-enactment immigrants access to Medicaid. One explanation for these choices is that the cost of providing benefits for these pre-enactment immigrants is shared by the federal government.[37]

Substitute Benefits

Even where some costs are not picked up by the federal government, however, more states than might have been expected are providing state-funded substitute services to immigrants losing eligibility for federal assistance. Regarding four key benefits—(1) a food stamp substitute for immigrants losing food stamps, (2) an SSI substitute for immigrants losing SSI eligibility, (3) TANF to post-enactment immigrants during the five-year bar, and (4) Medicaid to the same group—28 states have

opted to use their own funds to provide at least one, 15 at least two, 10 at least three, and two (California and Maine) all four (figure 3).

More states (19) are providing TANF during the five-year bar than any of the other substitute programs (table 4). Food stamp substitution is not far behind (17 states). This may change, however, because many state food substitute decisions were made before federal food stamp reinstatement seemed likely. In fact, one state (Florida) ended its food assistance program following the federal food stamp restorations.[38] Fourteen states are providing Medicaid during the five-year bar. SSI substitute benefits have been enacted by only five states. Many more had planned to provide this benefit for elderly and disabled immigrants, but the timing of federal SSI restorations allowed them to abandon their plans.

The likelihood of a state enacting substitute benefits for immigrants is not necessarily connected to the size of its immigrant population. Although the largest immigrant states are faced with the greatest number of people in need, they are also faced with the highest costs if they meet that need. Of the 10 states with the largest noncitizen populations, all but Arizona created at least one substitute program for immigrants. At the same time, two of the states with the smallest immigrant populations (Maine and Nebraska) are providing extensive substitute benefits.

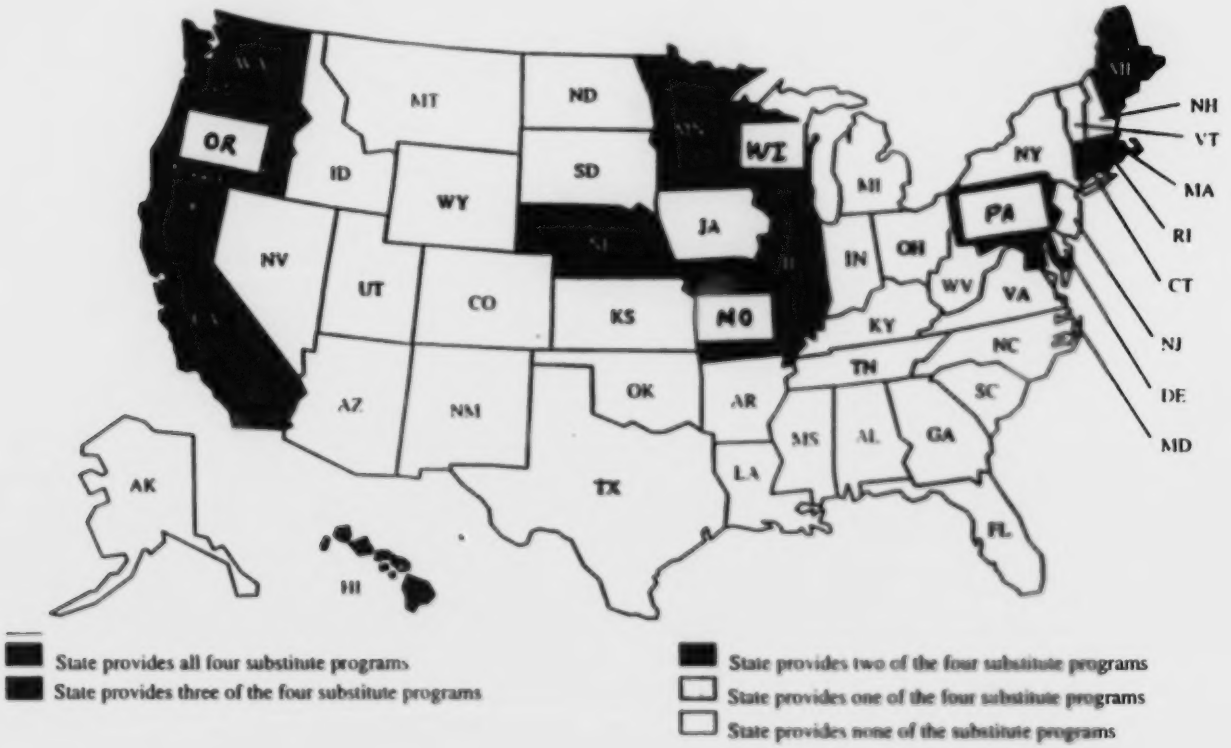
The Illusion of Eligibility

Even though the immigrant eligibility decisions states have made seem quite generous, reading the fine print reveals that states have often imposed conditions on eligibility that keep many immigrants from receiving assistance. The three major ways they have done this is by limiting assistance for post-enactment immigrants, limiting the population groups eligible for their substitute programs, and deeming the income of an immigrant's sponsor to the immigrant.

Limiting Assistance for Post-enactment Immigrants

The most striking way in which states have limited what they do for immigrants is by providing far less for post-enactment immigrants than they do for those who entered before PRWORA was signed into law. In this respect, states have followed the example set by the federal government. Perhaps even more important than the distinction that PRWORA draws between citizens and noncitizens is the distinction it draws between pre-enactment immigrants and post-enactment immigrants and the financial incentives it sets up for assisting the two groups. PRWORA gave states the option to provide pre-enactment immigrants with TANF and Medicaid, funded jointly with federal dollars. But, by barring post-enactment immigrants from federally funded TANF and Medicaid for their first five years in the United States, PRWORA forced states that wanted to provide such assistance to pay for it themselves. In other words, states had a financial incentive to provide benefits to pre-enactment but not post-enactment immigrants.

Figure 3 *Key State Substitute Programs: State-Funded Food Programs, SSI Substitute Programs, and TANF and Medicaid during the Five-Year Bar*



Notes: SSI = Supplemental Security Income; TANF = Temporary Assistance for Needy Families. All data presented above were current as of summer/fall 1998, unless otherwise noted. Shading may indicate full or partial coverage; see detailed tables for complete information. Florida's food program ended on 10/31/98. Colorado created a county-administered Emergency Assistance program. This program is not comparable to other state substitute programs, however, so it is not included on this map. The District of Columbia provided none of the key substitute programs.

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Further underscoring the distinction between pre- and post-enactment immigrants' access to the safety net are the federal benefit restorations. PRWORA made most immigrants—regardless of entry date—ineligible for food stamps and SSI. When the federal government restored eligibility for these two programs it did so only for pre-enactment immigrants, not for post-enactment immigrants.[39]

In fact, many states have explicitly stated that their decisions on immigrant eligibility have "followed the federal government's lead" in that they are providing assistance to pre- but not post-enactment immigrants. Almost every state chose to keep pre-enactment immigrants eligible for TANF and Medicaid, but the majority of states did not step in with their own funds to cover post-enactment immigrants (table 5). Of the 17 states that created food stamp substitute programs, 8 provided substitute benefits for pre- but not post-enactment immigrants.[40] Of the 5 states with an SSI substitute program, 2 are not providing assistance to post-enactment immigrants (Illinois and New Hampshire).[41]

The number of states that have opted not to provide TANF and Medicaid to post-enactment immigrants following the five-year bar—when costs will once again be shared by the federal government—provides further evidence that states are choosing to limit post-enactment immigrants' access to the safety net. Even though all states but one chose to provide TANF to all pre-enactment immigrants (for whom costs are covered by the federal government and the states), eight states reported that they did not plan to provide TANF to post-enactment immigrants following the five-year bar.[42] Similarly, while only one state opted not to provide Medicaid to pre-enactment immigrants, six states reported that they would not provide Medicaid to post-enactment immigrants after the five-year bar.[43] Of course, these decisions may change, as the provision is not relevant until August 2001 when the first post-enactment immigrants reach the end of their five-year bar. Seven states reported that they were undecided regarding the provision of Medicaid to immigrants following the five-year bar, while five states reported that they were undecided about providing TANF.[44]

California and Massachusetts—both with significant immigrant populations—stand out as important exceptions to states that limit assistance available to post-enactment immigrants. California is providing state-funded food stamps and SSI to post-enactment immigrants whose sponsor is deceased, abusive, or disabled. Massachusetts is providing state food stamps to all eligible post-enactment immigrants. Both California and Massachusetts are providing TANF and Medicaid to post-enactment immigrants during the five-year bar. Among states with smaller immigrant populations, Maine and Nebraska also stand out as providing substantial assistance to post-enactment immigrants.

Limiting the Population Groups Covered

In addition to limiting assistance to post-enactment immigrants, many states are targeting their programs to discrete subpopulations of immigrants. Several of the food programs provide assistance only to some combination of noncitizen children, the elderly, and the disabled, leaving out the largest group of immigrants who lost

federal eligibility: working-age adults (table 6). Of the 17 states with food substitute programs, for example, 12 provide assistance to working-age adults. California, New Jersey, and Illinois are the only states with large immigrant populations to do so, and they did so only after the federal government restored food stamps to other groups.[45]

A few states also limit their assistance programs by covering only those who were receiving benefits when welfare reform passed, leaving out those who were eligible but not receiving assistance at that time. Texas limits its food assistance program to those who received food stamps at some time between September 1996 and August 1997. Missouri restricts benefits to an even narrower group: those receiving food stamps and TANF on both August 22, 1996, and April 1, 1998. This type of limitation, of course, excludes many who are needy but did not happen to be enrolled during the particular time mentioned. As research has shown, a large share of the poor move into, out of, and back into poverty frequently.[46]

Several states targeted their food substitute programs to effectively the same groups that were covered under the 1998 federal food stamp restorations—children, the elderly, and the disabled—virtually eliminating the need for these state programs (table 6). Two states, in fact, ended their food programs at the same time the federal restorations took effect (Florida and Illinois), though Illinois reinstated its food program for certain groups not covered by the restorations. Two other states (California and New Jersey) also refocused their programs on populations remaining ineligible for federal benefits. What other states will do with the funds they had set aside for their food programs remains to be seen.

Some state-funded Medicaid and TANF programs for post-enactment immigrants during the five-year bar are also directed to discrete immigrant subpopulations (tables 7 and 8). Only Rhode Island limits TANF in this way, but four states (Illinois, Maryland, Virginia, and Rhode Island) have limited Medicaid to discrete populations, usually children and pregnant women.

Targeting Immigrant Children

Some states have targeted assistance to noncitizen children in their state-funded food stamps, TANF, and Medicaid programs. Such targeting may appear to focus resources on the most vulnerable population but, in fact, helps relatively few immigrant families because, contrary to popular belief, most children in immigrant families are citizens.

In fact, three-quarters of all children in families with at least one noncitizen parent are citizens (figure 4). These children remain eligible for benefits such as food stamps, but their family receives less assistance than before PRWORA because their noncitizen parent(s) has been cut from the food stamp (or other benefit) unit.[47] More immigrant families have a citizen child than have a noncitizen child (82 vs. 29 percent). And helping noncitizen children reaches only a small share of the total immigrant population: 14 percent of immigrants are under age 18 compared with 28 percent of citizens.[48]

Figure 4 *Mixed-Status Families*	
Percentage of immigrant families that are mixed status	82%
Percentage of children in immigrant families who are citizens	77%
Percentage of all children who live in a mixed-status family	10%

Source: Urban Institute calculations of the March 1997 U.S. Bureau of the Census Current Population Survey.

Note: Immigrant families have at least one noncitizen parent. Mixed status families have at least one noncitizen parent and at least one citizen child.

Sponsor-Deeming

Most immigrants who enter the United States must have a sponsor—someone who signs an affidavit promising them financial support. Before welfare reform, when eligibility for Aid to Families with Dependent Children (TANF's precursor), SSI, and food stamps was determined, the income of an immigrant's sponsor was deemed available to the immigrant for three years.[49] Because deeming usually raises the apparent income level too high to qualify the immigrant for means-tested programs, sponsor-deeming keeps most sponsored immigrants from receiving benefits.

Federal welfare and immigration reform makes deeming an even greater barrier to immigrant benefit receipt by expanding the categories of immigrants who are required to have sponsors, the number of programs to which deeming applies, and the length of time deeming lasts. PRWORA applies deeming to all federal means-tested public benefits, which include Medicaid and the new CHIP program, as well as all programs to which deeming already applied. It extends the deeming period from three years to when the immigrant either naturalizes or meets the 40-quarter work requirement (usually 10 years). In addition, the law gives states the option to deem for state-funded public benefit programs. Finally, the law revised the required affidavit of support. The new affidavit is legally enforceable, enabling federal, state, and local agencies to sue the sponsor for any benefits received by the immigrant.[50]

Many states have opted to impose deeming on their state-funded programs, further limiting the extent to which these programs help post-enactment immigrants. Nine of 17 states are deeming in their state-funded food programs,[51] 8 of 14 are deeming in their Medicaid programs for post-enactment immigrants, and 1 of 5 is deeming in its SSI substitute program. Every state but 2 is deeming in its state-funded TANF programs for post-enactment immigrants. However, several states with large- and medium-sized immigrant populations (including California, Massachusetts, and Maryland) have chosen not to deem in their state-funded Medicaid programs. These states may reason that although a sponsor might be expected to provide cash support, even a middle-income sponsor is likely to find it difficult to pay for health care.[52]

Following federal welfare reform, states were allowed to choose whether to deem in their TANF programs for *pre-enactment* immigrants.[53] Only seven states opted not to impose sponsor-deeming in these cases.

Residency Requirements

Another way in which states have limited the access of immigrants (and others) to public assistance is by requiring applicants for public benefits to live in the state for a certain period of time or since a certain date as a condition of benefit receipt. Many states have created a two-tier benefit system in which persons new to the state get a lower benefit level than other state residents do for a set period. These two-tier benefit systems, which are intended to keep low-income people from moving across state lines in search of more generous public assistance, were struck down by the Supreme Court before passage of federal welfare reform. They are again being litigated following PRWORA's explicit provision allowing states to establish residency requirements in their TANF programs.[54]

Seven states with state-funded TANF programs for post-enactment immigrants have imposed some type of residency requirement. In two of the states, the two-tier TANF residency requirements have been applied to post-enactment immigrants with quite different implications. Pennsylvania's requirement that TANF applicants receive benefits at the level of their previous state of residence for one year would keep post-enactment immigrants from receiving any benefits at all because they have no prior state of residence. Maryland put a different twist on its residency requirement. Post-enactment immigrants whose previous state of residence did not provide them with TANF substitute benefits are ineligible for state-funded TANF for their first 12 months in the state.

In Medicaid, residency requirements have provided states with a new way to treat immigrants differently than citizens. Although no state has imposed a residency requirement on citizens receiving Medicaid, Washington and Connecticut require noncitizens to live in the state for one year and six months, respectively, in order to receive assistance in their state-funded Medicaid programs.

Several states limit access to their food assistance programs for immigrants by requiring that they live either in the state for a certain time or in the same state or local area they were living in when welfare reform passed. For example, immigrants who moved to Florida, Minnesota, Rhode Island, and Ohio after a certain date—even if they were in the United States before welfare reform—are ineligible for state-funded food stamps.[55]

New York applies similar logic to moves within the state. Because New York's food stamp substitute program is paid for by both the state and the counties and because the program is optional for counties, New York requires that immigrants applying for food assistance live in the same county in which they resided on August 22, 1996.[56]

Naturalization Requirements

To ensure that their assistance programs do not become permanent substitutes for federal assistance, a number of states require that immigrants apply to naturalize as a condition of benefit receipt. Although applying for citizenship may seem an easy

requirement to meet, it can in fact pose serious financial barriers for those most in need of public assistance. Applying for citizenship is expensive, especially since the cost increased from $95 to $225 per person on January 15, 1999.[57] Further, applicants must pass a language and citizenship test in order to naturalize, which can be difficult for disabled or elderly immigrants and those with little education.[58]

Comparatively few states have imposed a naturalization requirement on their key substitute programs. No state has imposed a naturalization requirement on its state-funded Medicaid or SSI programs. Three of the 19 states with state-funded TANF programs for post-enactment immigrants (Massachusetts, Connecticut, and Minnesota) have naturalization requirements, despite the fact that most post-enactment immigrants will not be eligible to naturalize until after five years as permanent residents in the United States.[59] Five of the 17 states with a food assistance program (New York, Florida, New Jersey, Minnesota, and Ohio) imposed a naturalization requirement on applicants.[60]

The extent to which these naturalization requirements actually keep immigrants from receiving assistance varies depending on how they are implemented. In New York City, for example, few immigrants are kept from receiving food assistance because the naturalization requirements have not always been strictly enforced. At the other extreme, New Jersey reported that if the immigrant applied but was denied citizenship he or she would no longer get state-funded food stamps. In most other states, immigrants need only apply for citizenship to satisfy the requirement.

Time-Limiting Substitute Food Programs

Ten of 17 states providing state food assistance to immigrants have programs that expire by the year 2000, clearly signaling the intent to use them only as bridge programs until immigrants can naturalize.[61] One state program (Florida) as noted, expired at the end of October 1998, when the federal food stamp restorations became effective.

Providing Lower Benefits

One potential cost-saving device for the states is to provide lower benefit levels to immigrants than to citizens. But states that have done so are more the exception than the rule. Only Illinois provides lower benefits to immigrants than to citizens in its substitute food program. Two of five states (California and Oregon) provide lower benefits to immigrants in their substitute SSI programs (table 9).[62] No states provide fewer benefits in their substitute TANF or Medicaid programs.

Substitute Benefits? An Overall Assessment

When we look across the four key types of substitute programs states have created for immigrants losing federal assistance, we see that states have often given with

one hand but taken away with the other. While over half (28) of the states have created at least one key substitute program, almost all have imposed restrictions on these programs that limit the extent to which they actually help immigrants. For Medicaid, only two states (California and Massachusetts) provide immigrants with full substitute services—equivalent to the assistance provided to immigrants prior to PRWORA in terms of who is covered and what is provided. For TANF, only two states (Utah and Tennessee)—both with small immigrant populations—provide benefits equivalent to what immigrants received prior to PRWORA.[63] Only Maine has an SSI substitute program that provides comparable assistance. No state provides comparable food assistance.

Do Existing State Assistance Programs Provide an Effective Safety Net for Immigrants?

In addition to creating the new substitute programs for immigrants that we have discussed, states can also provide benefits to immigrants through their existing cash, health, and food programs for low-income state residents.[64] Although most states have kept immigrants eligible for their existing programs, these state programs are limited by design: not all states have them, they often cover only specific demographic groups, and they provide more limited benefits than their federal counterparts. This section reviews the coverage of and gaps in these programs in the context of immigrants who have lost eligibility for federal benefits. We focus, in turn, on state cash assistance, state health assistance, and state food assistance.

State Cash Assistance[65]

State cash assistance programs (usually called General Assistance, or GA), are programs of last resort and therefore would seem to provide a natural safety net for immigrants losing federal eligibility for either SSI or TANF. However, only 33 states have statewide GA or a state mandate requiring counties to run such a program.[66]

As testament to the fact that states have not engaged in a race to the bottom, many states with GA programs have not made immigrants expressly ineligible, as PRWORA permitted them to do. But GA programs usually cover more limited populations, provide lower benefits, and have stricter time limits than federal cash assistance programs. Immigrants may be further limited by state-imposed conditions on their eligibility, such as the types of sponsor-deeming, residency, and naturalization requirements discussed earlier.

Limited Populations

GA programs often do not provide benefits to all the major population groups covered by SSI and TANF programs: the elderly and disabled and families or children. All but one of the 27 statewide GA programs provide assistance to the elderly or disabled, but only half (14) of these states assist both these groups.[67] The other 12 statewide programs cover only the disabled (table 10). Only 17 of the 27 statewide GA programs provide benefits to families or children (table 11). Further, these programs are usually targeted to very specific groups ineligible for TANF, such as children in families with unrelated caregivers.[68]

Most states have not opted to provide GA to post-enactment immigrant families with children losing TANF eligibility. Only three of the 17 states with GA for families or children (New York, New Mexico, and Alaska) have expanded GA eligibility to cover immigrant families during the five-year bar on TANF. Nine of the remaining 14 states, however, have state-funded TANF programs for immigrant families and children. Therefore, most (12 out of 17) states that provided GA to families or children before PRWORA still provide coverage for post-enactment immigrant families barred from TANF for five years.

Lower Benefit Levels

In addition to covering limited populations, GA programs often provide lower benefits than SSI and TANF (also shown in tables 10 and 11). Almost all state GA programs provide lower benefits than are available to the elderly and disabled under the SSI program. The average maximum monthly benefit for an elderly or disabled person receiving GA in 1998 was only 77 percent of the average monthly SSI benefit ($268 vs. $348).[69] Ohio went some distance toward eliminating this difference in benefit levels. Its GA maximum benefit is higher for immigrants than citizens, but still lower than the state's average SSI payment.

GA benefits are more comparable with federal TANF benefits.[70] In all states with GA programs for families with children, the average maximum monthly GA benefit for a family of three in 1998 is 85 percent of the equivalent TANF benefit ($452 vs. $533).[71]

Time Limits

In addition to providing lower benefits, GA programs are often time-limited while SSI is not, thereby limiting how well they serve as a safety net for immigrants. Of the 26 states with statewide GA programs serving the elderly or disabled, 9 impose some type of time limit.

Six of the state GA programs with time limits provide only interim assistance to the elderly and disabled during the SSI determination process, which can be lengthy. Three of these 6 states (Maryland, Missouri, and Nebraska) are conspicuous excep-

tions, however. They have expanded their interim assistance programs to become substitute SSI programs for immigrants, allowing them to receive GA benefits for the length of their disability. One of the other 3 states, Oregon, created a separate SSI substitute program for immigrants ineligible for federal assistance.

In addition to the time limits inherent in GA programs that are designed to provide only interim assistance, states have also limited their GA programs by imposing lifetime or periodic time limits on the receipt of benefits.[72] In contrast to GA programs for the elderly and disabled, GA programs for families with children are less time-limited than their federal counterpart, TANF. Only 3 of the 17 states that provide GA to families with children have a time limit.[73] In contrast, all states but Michigan are imposing either the federal 60-month lifetime limit or some shorter lifetime limit on their TANF programs.[74] In this respect, state GA programs could serve as a safety net for immigrants and citizens who exceed their TANF time limit. New York's Safety Net Assistance program is already serving that function, in fact, providing in-kind benefits to TANF families who reach their lifetime limit.

New Jersey has used time limits to introduce a new dimension of immigrant exceptionalism. It established a time limit that is stricter for immigrants than for citizens. Many noncitizens are eligible for only six months of assistance compared with five years for citizens.[75]

Work Requirements

Immigrants who rely on state GA programs must meet requirements that participants work or seek work in order to continue receiving benefits, much like the requirements in TANF programs. Of the 17 states providing GA benefits to families with children, 8 have work requirements. These requirements vary widely across states, however. Some states simply require recipients to register with the state Department of Labor's employment service. Others impose stricter requirements modeled after their TANF programs, complete with work participation timetables and sanctions for noncompliance.[76] As is true for the TANF programs themselves, it remains to be seen how immigrants will fare under these GA work requirements.

Few Outright Immigrant Bars

In strong refutation of the "race to the bottom" theory, no state has barred preenactment immigrants from its GA program, even though GA costs are paid entirely by state and local governments. Most states have not explicitly barred postenactment immigrants from GA. But in those states that do, the same immigrants losing federal eligibility also lose eligibility for the existing state safety net. Michigan's GA rules for immigrants mirror federal SSI eligibility rules, for example, despite the fact that its program is designed to provide cash assistance to those ineligible for federal benefits.

Following PRWORA, 10 out of 26 states with GA programs for the elderly or disabled made post-enactment qualified immigrants ineligible. Five out of 17 states providing GA to families with children have taken the same step.

Sponsor-Deeming, Residency, and Naturalization Requirements

When states do provide GA benefits to immigrants, they often place a host of new conditions on their eligibility, including sponsor-deeming, residency, and naturalization requirements.[77] Over half of the states that provide GA benefits to elderly or disabled immigrants (14 out of 26 states) or to families with children (10 out of 17 states) impose sponsor-deeming. Five states (California, New Jersey, Maryland, Washington, and Kansas), however, have opted to impose a shorter sponsor-deeming period on post-enactment elderly and disabled immigrants than is required under federal programs (limiting it to three or five years vs. until citizenship or 40 quarters of covered employment are achieved).[78]

Far fewer states (4) impose residency requirements on their GA programs than on their TANF programs (at least 15).[79] Minnesota, for example, mandates that GA participants receive the benefit level of their previous state of residence for their first year in the state. As a result, newly arriving immigrants receive no benefits for that year.[80] Immigrants in New York fare somewhat better, because the state provides the benefit level of the previous state of residence or 50 percent of New York's benefit level for the first year in the state, whichever is higher. As in its TANF program, Connecticut requires only noncitizens to live in the state for six months before receiving assistance.

Only a few states impose naturalization requirements on their GA programs,[81] and these requirements vary in the extent to which they actually keep immigrants from getting benefits. In New Jersey, immigrants who are eligible are required to naturalize within six months of first receiving GA benefits.[82] This requirement places, in essence, a time limit on receipt of benefits by noncitizens who may have difficulty naturalizing. Connecticut, by contrast, has a naturalization requirement on the books for its GA program, but the steps an immigrant must take to fulfill this requirement have not been defined.

GA for Employable Adults without Children

One way that a handful of states have supplemented their existing safety net is to provide cash assistance through their GA programs to a group not categorically eligible for federal assistance programs: employable adults without children. Of the 27 statewide GA programs, 7 cover employable single adults. All of these impose work requirements and all except Alaska and Vermont impose additional conditions on immigrants, such as sponsor-deeming, that further limit their receipt of benefits (table 12).

GA Programs as Safety Net? An Overall Assessment

Across the states as a whole, the ability of GA programs to provide a safety net for immigrants losing eligibility for SSI and TANF is severely limited. Not all states have GA programs serving the elderly and disabled and families with children. Of those that do, only 2 states (Colorado[83] and Vermont) provide GA benefits to elderly and disabled immigrants comparable to what they received under SSI before federal welfare reform. No state has a GA program that provides assistance to immigrant families with children that is equivalent to what they received under AFDC. All states cover only unattached children or other special family arrangements, have lower benefit levels than TANF, or impose other conditions on immigrants' eligibility.

Do GA programs serve as a safety net for immigrants in states that are not providing new state-funded substitute TANF and SSI benefits? Only 3 states (New York, New Mexico, and Alaska) have GA programs serving post-enactment immigrant families with children who are ineligible for TANF. Since 19 others have TANF substitute programs, this leaves over half the states (29) with no cash assistance program for post-enactment immigrant families with children.[84] Twenty-four of the states that did not create a new SSI substitute program for immigrants have no existing statewide GA program to cover even a portion of the immigrant elderly or disabled populations.[85]

Overall, then, state GA programs do not do a great deal to fill the holes left in the immigrant cash safety net. The states that have new substitute assistance programs for immigrants who lose federal benefits tend to provide GA as well. The states that do not have substitute assistance programs tend not to provide GA assistance, either. As a result, about half the states have no cash assistance program available to immigrant families losing TANF eligibility or to elderly or disabled immigrants losing SSI eligibility.

State Health Insurance Programs

In addition to funding public hospitals that have long provided emergency services to their low-income, uninsured population, states have sought to supplement the health services available to the uninsured by creating their own state-funded health insurance programs. The intent of these programs is to provide primary care or other special health services to low-income, uninsured people who do not qualify for Medicaid.[86] In this section, we discuss the range of state health insurance programs for vulnerable populations and the ability of these programs to serve immigrants ineligible for federal assistance.[87] The discussion covers health insurance coverage for non-Medicaid eligibles, in-home long-term care, and CHIP programs, in that order.

Health Insurance Coverage for the Low-Income Population

Hardly any states that have insurance programs for those ineligible for Medicaid have barred immigrants from them or conditioned their eligibility with sponsor-deeming, residency, or naturalization requirements. Immigrants' access to these programs, then, is more comparable to citizens' access than is the case regarding cash assistance. Not all states, however, have such programs. And those that do often serve only selected populations, provide limited services, or have limited enrollment slots.

Although the number of states providing health insurance has increased recently,[88] in 1998 fewer than half of the states (23) had health insurance programs covering even some portion of the low-income population ineligible for Medicaid.[89] The majority (13 out of 23) are the medical components of state GA cash programs.[90] Of the state health insurance programs, 17 out of 23 state health programs provide services to either the elderly or the disabled, but only 9 cover both (table 13). Similarly, 19 out of 23 state health programs cover families or children, but only 13 cover both children and families (table 14).[91] On the other hand, 10 states have opted to supplement their health safety nets by making childless adults—a group not covered by Medicaid—eligible for their state-funded health programs (table 15).

With respect to scope of coverage, state health insurance programs vary widely, from providing fairly comprehensive inpatient and outpatient services to covering only specific services such as prescription drugs (tables 13 and 14). But virtually all state health insurance programs offer a less complete range of services than Medicaid.[92]

Unlike cash assistance, federal and state-funded health insurance programs are generally not time-limited.[93] In fact, only four states impose time limits on their programs.[94] Only three states have limited their health insurance programs by imposing residency requirements.[95]

As with state-funded cash assistance programs, most states have opted to keep both pre- and post-enactment immigrants eligible for their state health insurance programs. No state has restricted pre-enactment immigrants, and only 4 of 23 have explicitly barred post-enactment immigrants.[96] Only 2 states (New Jersey and Connecticut) require immigrant recipients to pursue naturalization to retain benefits.

Although few states made immigrants expressly ineligible for their health insurance programs, nearly half of the states providing state health insurance to the elderly or disabled (8 of 17 states) and one-third of the states covering children and families (6 of 19 states) impose sponsor-deeming that renders many immigrants ineligible. Still, fewer states require deeming for health than cash assistance. And the states that do require such deeming require it for shorter periods.

When all these program dimensions are taken into account, no state health insurance program provides comparable services to those immigrants received under Medicaid before federal welfare reform. Although few states impose restrictions on immigrant eligibility as such, most states provide fewer services under their state-funded health programs than are provided under Medicaid, for citizens and nonciti-

zens alike. Another reason state health insurance programs fall short is that about half impose sponsor-deeming, which was not imposed on Medicaid before federal welfare reform.

As with state-funded cash assistance, states with existing state-funded health insurance programs covering immigrants are often the same states that have new state-funded substitute Medicaid programs.[97] States without the first are often without the second as well. Twenty-five states have neither a state-funded Medicaid substitute program for post-enactment immigrant families or children during the five-year bar nor a state health insurance program for these populations. Thirty-one states have neither a new nor an existing health program for their elderly or disabled populations.

In-Home Assistance Programs

When providing in-home care to some of the most vulnerable populations, states have remained fairly inclusive in their treatment of immigrants.[98] In fact, the majority (13 out of 21) of states that have in-home assistance programs for the elderly, disabled, and other homebound persons have maintained the eligibility of all persons in the state without regard to immigration status. Only four states restricted immigrants' access to their in-home assistance programs following federal welfare reform.[99] Three of these states have restricted immigrants' eligibility to match eligibility rules of other federal programs, effectively barring many post-enactment immigrants from care.[100] And only four states have limited immigrants' access to benefits by imposing federal sponsor-deeming rules on their home-assistance programs.[101] California, however, took a notable step to safeguard immigrants' eligibility for in-home assistance. When it appeared that immigrants in California were going to lose not only their SSI benefits but also state In-Home Supportive Services (IHSS)—for which eligibility was tied to SSI receipt—the state protected immigrant access to IHSS by linking immigrant eligibility to the criteria in place before passage of the federal welfare law.

State Children's Health Insurance Program (CHIP)

In 1997, following efforts by states to expand health insurance coverage of low-income children, the federal government created the largest new health care program since Medicaid—CHIP. CHIP was the first federal program created since PRWORA to be considered a "federal means-tested public benefit." Consequently, noncitizen children entering the United States after August 22, 1996, are ineligible for federal CHIP funds for their first five years in the United States.[102] However, recent proposals to restore benefits would allow states to cover under CHIP or Medicaid qualified post-enactment children during their first five years in the United States.

In the meantime, some states have covered these immigrant children by keeping their preexisting child health programs separate from their CHIP funds. Of the 19 states with state-funded health programs that covered children before the creation of

CHIP, 3 states have decided to incorporate their CHIP funds into their existing state programs. These states will, however, bifurcate their CHIP programs in order to serve post-enactment immigrant children with their own state funds.[103] Thirteen others will cover certain post-enactment immigrant children ineligible for Medicaid and CHIP in other state health programs.

State Food Programs

Unlike for cash and health programs, most states did not have state- or locally funded food safety net programs before the passage of federal welfare reform.

Only one state created a new program for immigrants that provides food assistance separately from state-funded food stamps. Colorado established a new Emergency Assistance program for immigrants losing benefits as a result of welfare reform. This program allocated funds to counties to run their own programs, which could include food assistance.[104] A number of states, however, appropriate money to food banks; contribute state funds to the food supplement program for Women, Infants, and Children (WIC); and participate in the federal-state Emergency Food Assistance Program.[105] Nine states have appropriated additional or new funds to food banks and pantries in response to welfare reform. Fourteen states supplemented the federal WIC program with state funds in FY 1998.[106] Overall, though, these nutrition programs are limited in scope. As a result, states that have not created food stamp substitute programs generally have little food assistance available to immigrants losing eligibility for federal food stamps.

Uneven Assistance for Unqualified Immigrants

While PRWORA gives states more choices regarding assistance to qualified immigrants, it gives states fewer options regarding unqualified immigrants, mandating that they be barred from most "federal, state and local public benefits." If states want to provide state and local benefits to undocumented and other unqualified immigrants—even if they were providing these benefits before passage of PRWORA—they are required to pass a new law.[107] Federal guidance interpreting the term "federal public benefits" has been slow in coming, however. The United States Department of Health and Human Services (HHS) issued its interpretation of federal public benefits in August 1998—two years after the passage of PRWORA. Other federal agencies have yet to do the same.[108] In deciding which programs count as state and local public benefits, states have been left even more to their own devices.

The issue is not a simple one. Although the reach of the restrictions on unqualified aliens is at first glance quite broad, the federal welfare law includes important exemptions aimed at retaining such assistance as is necessary for the protection of life or safety. That is, the unqualified remain eligible for assistance such as emergency Medicaid; short-term, noncash emergency relief; immunizations; and testing and treatment of symptoms of communicable diseases.[109] HHS provided a strict interpretation of federal public benefits. Although services provided under the Social Services Block Grant and the Child Care and Development Block Grant were included in the agency's interpretation, other key services such as those provided by Head Start, the Maternal and Child Health Block Grant, and migrant and community health centers were excluded.

California Takes an Aggressive Approach

The lack of clear definitions for what constitutes federal, state, and local public benefits has led most states to take a wait-and-see approach to barring unqualified immigrants. California provides a notable exception. The state has a recent history of restricting public benefits for undocumented immigrants that dates back to the passage of Proposition 187 in 1994. Under that initiative, implementation of which has been stalled in the courts, former Governor Pete Wilson sought to restrict undocumented immigrants' access to a wide range of services, including public education. On the heels of PRWORA's passage, Wilson renewed his efforts, issuing an executive order mandating state agencies to identify programs subject to the bars on unqualified immigrants. The state subsequently released a list of some 200 programs from which unqualified immigrants would be barred.

At least 20 California state agencies have now issued regulations barring unqualified immigrants from various federal and state benefits and state-issued professional licenses, ranging from the assistance provided by the Department of Housing and Urban Development (HUD) under its Lead Hazard Control Program to the issuance of commercial driver's licenses. These regulations had not been implemented as of September 1998, however, primarily because of successful court challenges and the state legislature's refusal to authorize funding for state agencies to pay for verification systems.[110]

Some of the regulations would even bar unqualified immigrants from programs that may not be considered federal public benefits. For example, the state has issued regulations barring unqualified immigrants from services provided under the Community Services Block Grant, which HHS did not define as a federal public benefit. And the restrictions on lead hazard control assistance were made in the face of HUD's directive that states should not implement any new bars until the agency issues regulations defining what it considers federal public benefits.

The most visible and, perhaps, controversial, of Wilson's efforts was his attempt to bar low-income undocumented women from state-funded prenatal care, which began with Proposition 187. Both before and since PRWORA, these efforts were stymied by a long series of court challenges. Attempts by California's new governor, Gray Davis, to put the dispute over Proposition 187 before a mediator have reignited debate over the issue.[111]

Ironically, the latest court decision in the long and winding path that the California prenatal care issue has taken found that PRWORA itself contains a provision prohibiting the state from implementing the prenatal care bar. The court ruled that depriving unqualified immigrant women of state-funded prenatal care might infringe on PRWORA's requirement that they be eligible for immunizations as well as treatment and testing for the symptoms of communicable diseases.

Other States Act More Cautiously

While a few other states have restricted unqualified immigrants from state assistance, none has cast its net as widely as California. Those states that have imposed new restrictions on the unqualified have focused their efforts on state-funded health or cash assistance.

Just as states are more likely to provide qualified immigrants with access to state health care programs than to state cash assistance programs, they view health care as a higher priority for unqualified immigrants. Nine states (out of the 23 with statewide programs)—including New York, Florida, and New Jersey—provide undocumented immigrants access to their health insurance programs following welfare reform (table 16). Only one state (Maine) that previously granted undocumented immigrants access to state health insurance cut them off after passage of federal welfare reform.

With respect to the eligibility of undocumented women in state-funded prenatal programs, most states that provided prenatal care to the undocumented before welfare reform are continuing to do so.[112] California is not the only state, however, to have had heated debate over this issue. An Illinois proposal to end prenatal coverage for undocumented women provoked such a public protest that it was withdrawn following a hearing on the issue.

Only two states (Minnesota and Maine) provided GA to immigrants regardless of immigration status before welfare reform. Both have since barred undocumented immigrants from their programs.

No state has opted to bar unqualified immigrants from the WIC program (which provides nutrition assistance to pregnant women and infants) as they were permitted to do under the welfare law.[113] The WIC program is completely funded by the federal government, however, providing states with little incentive to implement potentially cumbersome procedures to determine and verify immigration status.

The Gray Zone: Assistance to Immigrants Residing "under Color of Law"

Before welfare reform, some immigrants without permanent resident status were given access to federal benefits by the courts because they were considered to be "permanently residing under color of law," or PRUCOL.[114] The federal welfare reform law, as noted, grouped these immigrants with the undocumented into the new category of unqualified immigrants, who are ineligible for most federal, state, and local public benefits.

The PRUCOL standard applied to three key federal benefit programs—AFDC, SSI, and Medicaid—but the definition varied across these programs.[115] The federal welfare reform law categorized all groups that had been considered PRUCOL for

AFDC as qualified aliens.[116] But certain groups of immigrants considered PRUCOL for SSI and Medicaid were not categorized as qualified aliens and therefore faced losing these benefits following welfare reform.

Congress restored SSI eligibility for about 12,000 elderly and disabled unqualified immigrants who had been slated to lose assistance on September 30, 1998. This population does not include any undocumented immigrants, who have long been ineligible for SSI. Ironically, it may not even cover more than a few PRUCOL immigrants. A nationally representative survey conducted by the Social Security Administration (SSA), as well as state-sponsored surveys in Los Angeles and New York City, indicates that most of this group are, in fact, citizens or legal residents who were miscoded in the SSA records.[117]

States have demonstrated a substantial willingness to pay for assistance to PRUCOL immigrants, many of whom gained their PRUCOL status through the legal system because they were particularly vulnerable and in need of serious medical assistance. Many states (19, including California, New York, and New Jersey) are using their own funds to provide Medicaid to immigrants who were formerly considered PRUCOL but are now unqualified.[118] An even larger number (23) are providing state-funded assistance to one particular Medicaid population: PRUCOL immigrants in need of long-term care, including nursing home care.[119] The alternative—forcing elderly or disabled immigrants out of nursing homes and onto the street—proved to be a sufficient incentive. In addition, all the states providing health insurance and prenatal care to undocumented immigrants are also covering care to those immigrants formerly considered PRUCOL.

As we have seen for other immigrant populations, when we look below the surface there is significant variation across states in the assistance they actually provide to PRUCOL immigrants. For example, 14 out of 23 states providing long-term care to PRUCOLs cover only those—or a subset of those—in nursing homes around the time PRWORA passed. These states include the large immigrant states of New York, Texas, and New Jersey as well as Massachusetts.

States vary also in how they define PRUCOL and, hence, which groups they assist. Most states apply one of the federal definitions that list discrete immigrant groups previously determined by court decisions to be eligible for federal assistance programs. But Massachusetts and Colorado use broader definitions, encompassing, for example, all those with pending applications for legal permanent resident status.

Implementing Verification Rules

States are required to follow new federal guidelines to verify immigration status for federal public benefits. But they have the option of verifying immigration status for state and local public benefits. Whether and how states verify status in their state programs vary substantially. Although some states use automated databases to check the immigration status of program applicants, others do not ask about immigration status at all. In fact, a number of states do not explicitly make undocumented immigrants eligible for benefits under their state programs but do so implicitly by simply

not verifying immigration status. Some of these states have small immigrant populations, for which the costs of verifying immigration status are likely to outweigh the costs of providing the service. Except for California—which, as discussed earlier, has issued regulations to screen unqualified immigrants out of many of its state programs—no state has implemented changes to its previously existing verification systems for state cash and health programs following the passage of federal welfare reform.

PRWORA mandated that the federal government create a new automated verification system, the use of which is required for federal public benefits. It remains to be seen whether states will opt to use the new federal verification system for state and locally funded benefits once the new system is in place.

Naturalization Initiatives

Naturalization remains a certain road to regaining public benefit eligibility. Several states, therefore, have added to their safety nets for immigrants various initiatives encouraging them to become citizens. As we have seen, some states imposed requirements that immigrants apply to naturalize in order to receive state-funded services. Several states have also devoted resources for assisting immigrants in preparing and applying for citizenship (table 17). These have generally been small sums (ranging from about $75,000 to $4,000,000). Some counties, including over half of California's, have also developed naturalization programs.[120]

The types of assistance that states provide under these naturalization initiatives also range across states, with most providing English and civics classes to help immigrants meet the requirements of the naturalization process and some devoting funds to outreach campaigns informing immigrants about the advantages of becoming citizens. At least one state (Washington) offsets some of the considerable costs to immigrants of naturalizing by reimbursing applicants for fingerprinting and other INS fees.

Making it clear that the goal of most of these initiatives is simply to get immigrants off state assistance and back onto federal assistance, some states have targeted their programs to immigrants losing federal benefits. In New York, New Jersey, and Washington, for example, such funds can be used only for immigrants made ineligible for federal assistance by PRWORA.

What Explains State Choices?

In virtually every program area, states' choices regarding immigrants' eligibility span a wide continuum—with states that have created new programs and maintained eligibility for existing ones at one end and states that bar immigrants from most federal and state programs at the other. Alabama, for example, is at one end, providing very little to its noncitizens. Massachusetts is at the other, giving immigrants virtually full access to one of the country's most generous safety nets. What, then, explains the choices states have made?

To better examine what accounts for the choices states made in the wake of welfare reform, we created a scale, mapping state decisions regarding immigrants' access to federal and state programs. For each program area—cash, food, and health—states were awarded points for providing immigrants with access to new and existing programs. Choices that required states to provide assistance entirely funded with their own dollars were weighted more heavily than choices that continued to provide benefits funded with a mix of federal and state dollars.[121] For example, states received 10 points for continuing to provide federally and state-funded Medicaid to pre-enactment immigrants while states received 20 points for continuing eligibility for state health programs or creating new state-funded Medicaid programs for post-enactment immigrants. In keeping with our discussion, states that extended benefits to immigrants with one hand but used sponsor-deeming, residency, or naturalization requirements to limit their eligibility on the other hand lost points.[122] (Appendix B outlines the points assigned for each eligibility decision.) Table 18 groups states according to the extent to which they have made their safety nets available to immigrants, mapping them against the size of states' noncitizen populations, the strength of states' existing safety nets (determined with a similar point scale measuring the existence and reach of state GA and health programs), states' per capita incomes, and states' budget balances as a percentage of expenditures.

Both Large and Small Immigration States Provide Assistance

Most states with large noncitizen populations have maintained immigrants' access to substantial pieces of their safety net, except for Texas. What may be more surprising is how many states with small immigrant populations—such as Maine and Nebraska—provide immigrants with broad access to their state safety nets.

Generous States Set Generous Immigrant Policies

When states are grouped by the strength of their existing safety nets, we see that states providing a substantial safety net to their general population tend to keep that safety net open to immigrants.[123] In some ways, this is not surprising. States such as Massachusetts and Washington that have historically provided assistance to the needy are likely to do so for immigrants as well. Providing a strong safety net is in line with their political culture.[124] In other ways, however, this trend is surprising. We might well have expected states with an extensive safety net to bar immigrants in order to preserve that safety net for citizens, particularly at a time when welfare was dramatically scaled back for immigrants and citizens alike.

Wealthy States Provide Assistance

States with higher per capita incomes are generally more likely to provide assistance than states with lower per capita incomes. States with the lowest per capita incomes almost uniformly provide fewer benefits, with Maine—a poor but generous state—being the lone exception. As a result, states with the neediest populations provide the fewest benefits to immigrants.

Budget Surpluses Do Not Appear to Matter

States with larger budget surpluses do not appear to make more generous decisions about immigrants than states with smaller surpluses. This pattern—suggesting that the availability of specific funds is not necessarily a driving factor behind states' decisionmaking—is in line with the fact that few states planned to use their TANF windfall money to pay for TANF for immigrant families ineligible for the federal program. Similarly, few states count the costs of such assistance toward their federal Maintenance of Effort (MOE) requirements under TANF.[125] Only nine states counted their TANF substitute expenditures toward their MOE requirement, and two of these states used windfall funds to finance their programs.[126]

Other Factors Also Make a Difference

The strength of a state's advocacy community is likely to play an important role in influencing state decisions. California, Illinois, and Massachusetts, for instance, have strong immigrant advocacy coalitions. The political leadership of a state can also influence state policies. Many of the states (e.g., Texas) choosing to provide fewer services to immigrants had Republican governors and often a Republican-led legislature as well. On the other hand, California's advocacy community and state legislature helped set that state's comparatively generous policies under the Republican governorship of Pete Wilson. The way states set policy can also make a difference. California did not pass a new law to provide TANF and Medicaid to post-enactment immigrants during the five-year bar. Rather, it simply did not change its old eligibility rules and began picking up the full costs of assistance. These policy decisions, then, are more the result of inaction (deliberate as it may be) than of a considered policy debate among state leaders.

Conclusions and Implications of a New Immigrant Policy

Immigrant Exceptionalism Embedded at the Federal and State Levels

PRWORA introduced the concept of immigrant exceptionalism by singling out immigrants for differential treatment. State decisions to follow the federal lead and exclude immigrants—particularly post-enactment immigrants—from some programs have meant that immigrant exceptionalism is now embedded in state policy as well. In some instances, states have introduced new dimensions of immigrant exceptionalism not contemplated by the federal law. For example, some states have imposed residency requirements only on immigrants, or established stricter time limits for immigrants than citizens.

State Programs Do Not Fully Substitute

Many states are giving with the right hand but taking away with the left. Although a number of states have stepped in and created new substitute food, cash, and health programs for immigrants losing federal benefits, they have also limited who this assistance reaches and its amount. Existing state programs do not fill the remaining gaps. Many states have no cash or health programs, and though many of those that do have kept immigrants eligible, they often limit immigrants' participation by imposing sponsor-deeming and other restrictions.

Policy Choices Increase Inequality across States

The states with the strongest existing safety nets tend to make the most generous decisions for immigrants, resulting in increased inequality across state immigrant safety nets. The states making the fewest efforts to replace lost benefits tend to be the states with the weakest existing safety nets—leaving immigrants in those states with markedly less access to assistance than the immigrants living in the states with stronger safety nets. While devolution leads to variation across states for citizens as well, differences from state to state are exaggerated for immigrants. They lose access to federal assistance and states can bar them from federal and state programs.

Take Texas and Massachusetts as examples. Before welfare reform, immigrants in Massachusetts generally had the same access to federal and state assistance as citizens. The same was true in Texas, but both groups—immigrants and citizens—had more assistance available in Massachusetts than Texas, because Texas provides few state benefits to any group. Following welfare reform, many immigrants in all states lost federal food stamps, and post-enactment immigrants were barred from TANF and Medicaid for five years. In Massachusetts, those immigrants get state-funded food stamps, TANF, and Medicaid, and they retain access to state-funded GA cash and health benefits if they need them. In Texas, a more limited group of immigrants gets food stamps, none get state-funded TANF or Medicaid, and there is no state-funded cash or medical assistance program. Not only do immigrants in Texas get fewer substitute benefits than immigrants in Massachusetts do, but they also have fewer state services to fall back on.

This increased variation across state safety nets raises a series of interesting questions about the impacts of federal welfare reform on immigrants. For example, will the patterns of state decisions lead to interstate migration, with more immigrants moving to California and other states providing relatively more assistance to immigrants? Will immigrants in states providing food and health assistance be in better health than immigrants in states not providing such assistance? Are differing benefit policies leading to varying demands for naturalization and varying naturalization rates across states?

Giving Greater Authority to States Shifts Immigrant Costs

The welfare reform law clearly gives states greater authority to set eligibility rules for immigrants, but given the states' reactions, it has also shifted substantial costs to states and localities. The clearest example of this is the surprisingly large number of states that have opted to use their own funds to pay for food assistance, TANF, and Medicaid for post-enactment qualified immigrants during the five-year bar. For these states, the bars on immigrants' receipt of benefits have resulted in a direct cost-shift, which can be significant. For example, California estimates that it was spending more

than $1.8 million monthly to provide only partial restoration of food benefits to immigrants.[127]

Here, too, inequality across states has been exacerbated. The nation's immigrant population is concentrated in a handful of states that bear a disproportionate share of the fiscal burden associated with immigrants. To the extent that these states provide more generous benefits to immigrants than states with smaller immigrant populations, they shoulder an even greater share of the total immigrant costs.

The cost-shift to the states has broader implications as well, in that it deepens the divide between immigration and immigrant policy. Before welfare reform, the federal government had authority over setting policy for immigrants but the states paid much of the costs of providing services to immigrants. Under the new setup, states have a bigger role in setting immigrant policy and paying for it. But the federal government retains exclusive authority over immigration policy, determining how many and which immigrants enter each year. As a result, our federally set immigration policy remains fairly liberal and inclusive while our immigrant policy, now largely in the hands of the states, has become more exclusionary and fragmented.

States Are More Likely to Provide Health Care Than Cash Assistance

Although providing health benefits is generally more expensive than providing cash benefits, more states have opted to keep qualified and unqualified immigrants eligible for their state health than for their cash programs. This pattern suggests that cost is not the only factor states consider. States may realize that it is difficult for even working immigrant families to find affordable health insurance. Irrespective of the immigrant coverage issue, the federal government and many states and localities have worked on increasing health insurance rates among children (e.g., through Medicaid expansions and CHIP). In places with large numbers of immigrants, restricting noncitizens' access to health care would fly in the face of efforts to increase overall coverage for children. Finally, states may be opting to provide health coverage in spite of its cost because of the perceived health benefits to the community of providing such care. They may also realize that the costs of providing emergency assistance may well outweigh the costs of providing preventive care.[128]

Vulnerable Groups Are Left Out

Although most states have kept immigrants who entered the United States by August 22, 1996, eligible for many benefits, most immigrants who enter after that date have more limited access to public assistance programs. This is partly because many states mirrored federal restrictions by making post-enactment immigrants ineligible for state-funded assistance.

In addition, elderly but nondisabled immigrants who were not covered under the federal SSI restorations have few state programs to fall back on. Only a handful of states have created new substitute programs for this population, and existing state cash and health programs are more likely to cover the disabled than the elderly.

Although federal law exempts refugees from the immigrant bars for their first five or seven years in the United States, refugees (especially those arriving after PRWORA's passage) not covered under federal restorations or state programs may not be able to learn English quickly enough to naturalize and retain eligibility for federal assistance. This group may be particularly hard hit by federal and state exclusions because they have lower incomes than other immigrants. Over half of all noncitizen refugees have incomes under 200 percent of the federal poverty level even after residing in the United States for more than seven years.[129] Further, unlike other post-enactment immigrants, refugees do not have sponsors with legally enforceable affidavits of support.

Targeting Immigrant Children Provides Little Aid

State substitute programs targeting assistance to noncitizen children do not help many immigrant families since three-quarters of all children in those families are citizens. The large share of immigrant families that are made up of noncitizen parents and citizen children do not benefit at all when replacement benefits are targeted in this way. Assisting noncitizen parents may be a more effective strategy if covering children is the real objective, since it would increase the assistance available to the citizen and noncitizen children in those families.

California Is Different from the Rest of the United States

Perhaps our most surprising finding is that, despite its anti-immigrant reputation, California provides substantial benefits to its qualified immigrant population. At the same time that California is one of the most generous states in providing assistance to qualified immigrants, it is the most aggressive in trying to bar the unqualified from state public benefits. This dichotomy is in keeping with the state's history of attempting to control illegal immigration (with Proposition 187, e.g.) while maintaining its tradition of providing one of the more extensive state safety nets in the country. The state's immigrant eligibility decisions can be partly attributed to the unique and changing politics of immigration in California. Despite the success of ballot initiatives limiting affirmative action and bilingual education, the state has succeeded in putting in place some of the most comprehensive state-funded benefits for immigrants. The state's large and increasingly powerful immigrant community and advocacy network may not yet be affecting voter initiatives, but they are clearly being heard by the state legislature and other policymakers.

California may also be a trendsetter. Its decision to provide food stamps and SSI to post-enactment immigrants whose sponsor is deceased, disabled, or abusive may provide a model for other states that have yet to feel the impact of restrictions on the still relatively small number of post-enactment immigrants. Most of these immigrants have sponsors who have promised to support them. But if those sponsors become unable to do so, few states have safety nets available to the sponsored immigrants left without support.

What Happens to Immigrants Who Remain Eligible for TANF?

As nearly every state has opted to keep pre-enactment immigrants eligible for TANF, and nearly half are providing TANF to post-enactment immigrants as well, it remains to be seen what will happen to immigrants who are still eligible for or are still receiving TANF. What are the implications of work requirements for those who do not speak English and for recently arrived refugees? Are immigrant welfare recipients more or less likely than citizens to drop off welfare rolls and get a job? More generally, are states taking into account these immigrant populations as they shift their welfare programs from an education and training focus to a "work-first" orientation?

Eligibility Does Not Ensure Access

We have focused on the eligibility rules that govern immigrants' access to public benefits. But rules alone do not determine the extent to which immigrants actually receive benefits. Recent analyses of both Los Angeles County and national data indicate that immigrants are increasingly reluctant to use benefits for which they remain eligible.[130] A number of factors may explain the drops in benefit use by immigrants. The complex and constantly changing eligibility rules may have left many immigrants confused about whether they are eligible for assistance. Further, "public charge" concerns about the implications of receiving benefits for obtaining legal permanent resident status or naturalizing, as well as the new verification and reporting rules, may also be chilling benefit use by immigrants.[131] States can play an important role in the extent to which they inform immigrant communities about new eligibility rules and the implications of public benefit receipt.

Decisions Are Still to Be Made

Although states have made a wide range of choices regarding immigrant access to benefits, a number of important decisions for states remain. With the federal restorations of food stamps for some legal immigrants, it still remains to be seen

whether additional states with food programs will use their appropriated funds to expand their programs to groups not covered under the federal restorations, such as California has done. Congressional proposals to restore additional benefits would give states more options, including whether to provide Medicaid and CHIP to certain post-enactment immigrants. Numerous states have not yet decided whether they will provide TANF and Medicaid to post-enactment immigrants following the federal five-year bar. It is also up to states to decide whether to use the new federal guidelines for verifying immigration status when providing state and local public benefits.

Even the decisions states have already made are subject to change. States that have excluded immigrants may opt to include them once the effects of bars are felt. Or, states may scale back inclusive policies, particularly if economic conditions worsen. Changes in political leadership, such as the election of Governor Gray Davis in California, may also lead to more policy shifts.

Further, immigrant eligibility decisions are now layered onto state policy decisions, as has never before been the case. Every time a state creates a new program it will have to decide whether to make immigrants eligible for that program. And a host of decisions that states must make have not been addressed here, including whether to report undocumented immigrants to the INS and whether and how to enforce affidavits of support. In short, the decisions states have made over the last couple of years represent only the beginning of the story, not the end.

Tables

TABLE 1 *Foreign-Born and Noncitizen Populations by State: 1996*

	Foreign-Born Population (thousands)	Percentage of U.S. Total	Cumulative Percentage of U.S. Total	Noncitizens (thousands)	Percentage of U.S. Total	Cumulative Percentage of U.S. Total
U.S. Total	24,937	100.0	100.0	16,983	100.0	100.0
California	8,127	32.6	32.6	6,048	35.6	35.6
New York	3,332	13.4	46.0	2,187	12.9	48.5
Florida	2,204	8.8	54.8	1,431	8.4	56.9
Texas	2,143	8.6	63.4	1,637	9.6	66.6
New Jersey	1,161	4.7	68.0	696	4.1	70.7
Illinois	1,073	4.3	72.3	695	4.1	74.8
Massachusetts	573	2.3	74.6	327	1.9	76.7
Arizona	553	2.2	76.9	412	2.4	79.1
Michigan	445	1.8	78.6	224	1.3	80.4
Pennsylvania	411	1.6	80.3	215	1.3	81.7
Maryland	405	1.6	81.9	260	1.5	83.2
Virginia	385	1.5	83.5	236	1.4	84.6
Washington	378	1.5	85.0	234	1.4	86.0
Connecticut	291	1.2	86.1	157	0.9	86.9
Colorado	269	1.1	87.2	195	1.1	88.1
Ohio	264	1.1	88.3	120	0.7	88.8
Oregon	240	1.0	89.2	192	[illegible]	89.9
Georgia	237	1.0	90.2	155	0.9	90.8
North Carolina	212	0.9	91.0	148	0.9	91.7
Minnesota	211	0.8	91.9	138	0.8	92.5
Hawaii	206	0.8	92.7	121	0.7	93.2
Nevada	177	0.7	93.4	130	0.8	94.0
Wisconsin	150	0.6	94.0	109	0.6	94.6
New Mexico	131	0.5	94.6	104	0.6	95.2
Missouri*	108	0.4	95.0	70	0.4	95.6
Utah	101	0.4	95.4	67	0.4	96.0
Rhode Island	101	0.4	95.8	66	0.4	96.4
Indiana*	100	0.4	96.2	36	0.2	96.6
Louisiana*	98	0.4	96.6	66	0.4	97.0
Kansas	95	0.4	97.0	59	0.3	97.4
Oklahoma	74	0.3	97.3	48	0.3	97.6
Tennessee*	60	0.2	97.5	36	0.2	97.9
Alabama*	60	0.2	97.7	40	0.2	98.1
Idaho	50	0.2	98.0	39	0.2	98.3
Iowa*	48	0.2	98.1	30	0.2	98.5
Washington, DC	47	0.2	98.3	36	0.2	98.7
Arkansas*	44	0.2	98.5	28	0.2	98.9
Kentucky*	43	0.2	98.7	24	0.1	99.0
South Carolina*	43	0.2	98.9	12	0.1	99.1
New Hampshire*	42	0.2	99.0	17	0.1	99.2
Nebraska*	41	0.2	99.2	28	0.2	99.3
Mississippi*	38	0.2	99.3	25	0.1	99.5
Delaware	35	0.1	99.5	20	0.1	99.6
Maine*	29	0.1	99.6	13	0.1	99.7
Alaska	28	0.1	99.7	12	0.1	99.8
West Virginia*	17	0.1	99.8	10	0.1	99.8
Vermont*	17	0.1	99.8	10	0.1	99.9
Montana*	14	0.1	99.9	7	0.0	99.9
Wyoming*	10	0.0	99.9	7	0.0	100.0
South Dakota*	9	0.0	100.0	6	0.0	100.0
North Dakota*	7	0.0	100.0	3	0.0	100.0

Source: Urban Institute tabulations of the Current Population Survey, using a three-year average of March 1995 to March 1997 where 1996 is the center year. Data were adjusted by Jeffrey Passel of the Urban Institute to correct for misreporting of citizenship.

* Estimates for these states are less reliable than the others because of small sample sizes (fewer than 150 unweighted cases across the three years). These figures should be used with caution.

TABLE 2 *Growth in Foreign-Born Population by State: 1990–96*

State	1990		1996		1990–1996
	Number (thousands)	Percentage of Total	Number (thousands)	Percentage of Total	Percentage Growth
U.S. Total	19,787	100.0	24,937	100.0	26
Top 10 states	16,037	81.0	19,847	79.6	24
California	6,459	32.7	8,127	32.6	26
New York	2,852	14.4	3,332	13.4	17
Florida	1,663	8.4	2,204	8.8	33
Texas	1,524	7.7	2,143	8.6	41
New Jersey	967	4.9	1,161	4.7	20
Illinois	952	4.8	1,073	4.3	13
Massachusetts	574	2.9	573	2.3	0
Pennsylvania	369	1.9	411	1.6	11
Michigan	355	1.8	445	1.8	25
Washington	322	1.6	378	1.5	17
Remaining 40 states and DC	3,750	19.0	5,090	20.4	36
Maryland	313	1.6	405	1.6	29
Virginia	312	1.6	385	1.5	23
Connecticut	279	1.4	291	1.2	4
Arizona	278	1.4	553	2.2	99
Ohio	260	1.3	264	1.1	2
Georgia	173	0.9	237	1.0	37
Hawaii	163	0.8	206	0.8	26
Colorado	142	0.7	269	1.1	89
Oregon	139	0.7	240	1.0	73
Minnesota	133	0.7	211	0.8	59
Wisconsin	122	0.6	150	0.6	23
North Carolina	115	0.6	212	0.9	84
Nevada	105	0.5	177	0.7	69
Rhode Island	95	0.5	101	0.4	6
Indiana*	94	0.5	100	0.4	6
Louisiana*	87	0.4	98	0.4	13
Missouri*	84	0.4	108	0.4	29
New Mexico	81	0.4	131	0.5	62
Oklahoma	65	0.3	74	0.3	14
Kansas	63	0.3	95	0.4	51
Tennessee*	59	0.3	60	0.2	2
Washington, DC	59	0.3	47	0.2	-20
Utah	59	0.3	101	0.4	71
South Carolina*	50	0.3	43	0.2	-14
Alabama*	44	0.2	60	0.2	36
Iowa*	43	0.2	48	0.2	12
New Hampshire*	41	0.2	42	0.2	2
Maine*	36	0.2	29	0.1	-19
Kentucky*	34	0.2	43	0.2	26
Idaho	29	0.1	50	0.2	72
Nebraska*	28	0.1	41	0.2	46
Arkansas*	25	0.1	44	0.2	76
Alaska	25	0.1	28	0.1	12
Delaware	22	0.1	35	0.1	59
Mississippi*	20	0.1	38	0.2	90
Vermont*	18	0.1	17	0.1	-6
West Virginia*	16	0.1	17	0.1	6
Montana*	14	0.1	14	0.1	0
North Dakota*	9	0.0	7	0.0	-22
South Dakota*	8	0.0	9	0.0	13
Wyoming*	8	0.0	10	0.0	25

Source: Urban Institute tabulations of the 1990 Census and the Current Population Survey, using a three-year average (March 1995–March 1997) where 1996 is the center year. Data were adjusted by Jeffrey Passel of the Urban Institute to correct for misreporting of citizenship.

* Estimates for these states are less reliable than the others because of small sample sizes (fewer than 150 unweighted cases across the three years). These figures should be used with caution.

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TABLE 3 *Noncitizens in Poverty by State: 1996*

State	Total Noncitizens (thousands)	Noncitizens as a Percentage of State Population	Noncitizens in Poverty (thousands)	Noncitizens as a Percentage of State Poverty Population	Percent of Noncitizens in Poverty
U.S. Total	16,983	6.4	4,697	12.5	27.7
California	6,048	18.8	1,876	33.7	31.0
New York	2,187	11.9	590	19.0	27.0
Texas	1,637	8.6	569	16.8	34.7
Florida	1,431	10.0	367	16.7	25.6
New Jersey	696	8.8	101	14.4	14.5
Illinois	695	5.9	118	7.9	17.0
Arizona	412	9.2	173	21.7	42.0
Massachusetts	327	5.4	58	9.2	17.8
Maryland	260	5.1	40	7.5	15.3
Virginia	236	3.6	41	5.6	17.4
Washington	234	4.3	62	9.2	26.6
Michigan	224	2.3	53	4.4	23.9
Pennsylvania	215	1.8	55	3.7	25.3
Colorado	195	5.1	50	13.3	25.7
Oregon	192	6.0	55	14.4	28.6
Connecticut	157	4.8	22	6.2	14.0
Georgia	155	2.1	31	3.1	20.3
North Carolina	148	2.1	54	5.8	36.3
Minnesota	138	3.0	33	7.0	24.3
Nevada	130	8.3	31	19.4	24.1
Hawaii	121	10.2	15	12.0	12.7
Ohio	120	1.1	17	1.1	13.8
Wisconsin*	109	2.1	—	—	—
New Mexico	104	5.8	53	12.0	50.6
Missouri*	70	1.3	—	—	—
Utah	67	3.4	21	13.4	32.2
Louisiana*	66	1.5	—	—	—
Rhode Island	66	6.9	12	11.9	18.5
Kansas*	59	2.3	—	—	—
Oklahoma*	48	1.5	—	—	—
Alabama*	40	0.9	—	—	—
Idaho	39	3.4	13	8.9	33.8
Tennessee*	36	0.7	—	—	—
Washington, DC	36	6.4	8	6.2	22.3
Indiana*	36	0.6	—	—	—
Iowa*	30	1.0	—	—	—
Nebraska*	28	1.7	—	—	—
Arkansas*	28	1.1	—	—	—
Mississippi*	25	0.9	—	—	—
Kentucky*	24	0.6	—	—	—
Delaware*	20	2.8	—	—	—
New Hampshire*	17	1.5	—	—	—
Maine*	13	1.0	—	—	—
Alaska*	12	1.9	—	—	—
South Carolina*	12	0.3	—	—	—
West Virginia*	10	0.6	—	—	—
Vermont*	10	1.7	—	—	—
Wyoming*	7	1.5	—	—	—
Montana*	7	0.8	—	—	—
South Dakota*	6	0.8	—	—	—
North Dakota*	3	0.5	—	—	—

Source: Urban Institute tabulations of the Current Population Survey, using a three-year average March 1995 to March 1997 where 1996 is the center year. Data were adjusted by Jeffrey Passel of the Urban Institute to correct for misreporting of citizenship.

* Estimates for these states are less reliable than the others because of small sample sizes (fewer than 150 unweighted cases across the three years). These figures should be used with caution.

TABLE 4 *Key Substitute Programs by State*

State	Food Stamps Substitute Program	TANF during the Five-Year Bar	Medicaid during the Five-Year Bar	SSI Substitute Program
California	✓	✓	✓	✓
New York	✓			
Texas	✓			
Florida	✓			
New Jersey	✓			
Illinois	✓		✓	✓
Arizona				
Massachusetts	✓	✓	✓	
Maryland	✓	✓	✓	
Virginia			✓	
Washington	✓	✓	✓	
Michigan				
Pennsylvania		✓	✓	
Colorado	*			
Oregon		✓		✓
Connecticut	✓	✓	✓	
Georgia		✓		
North Carolina				
Minnesota	✓	✓	✓	
Nevada				
Hawaii		✓	✓	
Ohio	✓			
Wisconsin	✓	✓		
New Mexico				
Missouri	✓	✓		
Utah		✓		
Louisiana				
Rhode Island	✓	✓	✓	
Kansas				
Oklahoma				
Alabama				
Idaho				
Tennessee		✓		
Washington, DC				
Indiana				
Iowa				
Nebraska	✓	✓	✓	
Arkansas				
Mississippi				
Kentucky				
Delaware			✓	
New Hampshire				✓
Maine	✓	✓	✓	✓
Alaska				
South Carolina				
West Virginia				
Vermont		✓		
Wyoming		✓		
Montana				
South Dakota				
North Dakota				
Total	17	19	14	5

Notes: SSI = Supplemental Security Income; TANF = Temporary Assistance for Needy Families
All data presented above were current as of summer/fall 1998, unless otherwise noted. Florida's program is shaded because it ended on 10/31/98. Illinois' original food program ended on 11/1/98, but the state reinstated its program to provide food assistance to some immigrants remaining ineligible for federal food stamps in February 1999. Checks may indicate full or partial coverage; see detailed tables for complete information.
* Colorado created a new Emergency Assistance program to provide for immigrants losing federal benefits as a result of welfare reform. This program is not comparable to other state food stamp replacement programs. Colorado's program only provides food assistance at county option and not every county has implemented this program.

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TABLE 5 *State-Funded Assistance for Pre- and Post-enactment Immigrants*

	Pre-enactment Immigrants				Post-enactment Immigrants (during Bar)			
State	**Food**	**TANF**	**Medicaid**	**SSI**	**Food**	**TANF**	**Medicaid**	**SSI Substitute**
California	✓	✓	✓	✓	✓	✓	✓	•
New York	✓	✓	✓					
Texas	✓	✓	✓					
Florida	✓	✓	✓					
New Jersey	✓	✓	✓					
Illinois	✓	✓	✓	✓			✓	
Arizona		✓	✓					
Massachusetts	✓	✓	✓		✓	✓	✓	
Maryland	✓	✓	✓		✓	✓	✓	
Virginia		✓	✓				✓	
Washington	✓	✓	✓		✓	✓	✓	
Michigan		✓	✓					
Pennsylvania		✓	✓			✓	✓	
Colorado		✓	✓		✓			
Oregon		✓	✓	✓		✓		•
Connecticut	✓	✓	✓		✓	✓	✓	
Georgia		✓	✓			✓		
North Carolina		✓	✓					
Minnesota	✓	✓	✓		✓	✓	✓	
Nevada		✓	✓					
Hawaii		✓	✓			✓	✓	
Ohio	✓	✓	✓					
Wisconsin	✓	✓	✓		✓	✓		
New Mexico		✓	✓					
Missouri	✓	✓	✓			✓		
Utah		✓	✓			✓		
Louisiana		✓	✓					
Rhode Island	✓	✓	✓			✓	✓	
Kansas		✓	✓					
Oklahoma		✓	✓					
Alabama			✓					
Idaho		✓	✓					
Tennessee		✓	✓			✓		
Washington, DC		✓	✓					
Indiana		✓	✓					
Iowa		✓	✓					
Nebraska	✓	✓	✓		✓	✓	✓	
Arkansas		✓	✓					
Mississippi		✓	✓					
Kentucky		✓	✓					
Delaware		✓	✓				✓	
New Hampshire		✓	✓	✓				
Maine	✓	✓	✓	✓	✓	✓	✓	•
Alaska		✓	✓					
South Carolina		✓	✓					
West Virginia		✓	✓					
Vermont		✓	✓			✓		
Wyoming		✓				✓		
Montana		✓	✓					
South Dakota		✓	✓					
North Dakota		✓	✓					
Total	17	51	51	5	10	19	14	3

Notes: SSI = Supplemental Security Income; TANF = Temporary Assistance for Needy Families
All data presented above were current as of summer/fall 1998, unless otherwise noted.
Florida is shaded because its food program ended on 10/31/98. Checks may indicate full or partial coverage; see detailed tables for complete information. Information on Medicaid for Arizona, New Mexico, and West Virginia was drawn from Broder, 1998.

* Colorado created a new program, Emergency Assistance, to provide benefits to immigrants losing benefits as a result of welfare reform. This program is not comparable to other state food stamp replacement programs. Colorado's program only provides food assistance at county option and not every county in the state has implemented this program.

TABLE 6 *State Food Assistance Programs for Immigrants*

State	Targeted Groups Only	Pre-enactment Immigrants Only	Recipients Only	Sponsor-Deeming Imposed[1]	Naturalization Requirement	Residency Requirement	Program Is Temporary	Limited Benefits
California		[2]		X			X[3]	
New York[4]	X[5]	X			X[6]	X[7]		
Texas	X[8]	X	X[9]				X[10]	
Florida	X[11]	X			X[12]	X[13]	X[14]	
New Jersey	X[15]	X		X	X[16]			
Illinois	X[17]	X[18]					X[19]	X[20]
Massachusetts						X[21]	X[22]	
Maryland	X[23]			X		X[24]		
Washington				X				
Connecticut				X		X[25]		
Minnesota[26]				X	X[27]	X[28]	X[29]	
Ohio	X[30]	X		X	X[31]	X[32]	X[33]	
Wisconsin				X				
Missouri	[34]	X	X[34]					
Rhode Island		X				X[35]	X[36]	
Nebraska							X[37]	
Maine				X			X[38]	

Notes: All data presented above were current as of summer/fall 1998, unless otherwise noted.
Florida is shaded because its program ended on 10/31/98. Colorado created a new program, Emergency Assistance, to provide benefits to immigrants losing benefits because of welfare reform. This program is not included here because it is not comparable to the other food stamp replacement programs. Colorado's program only provides food assistance at county option and not every county in the state has implemented this program. The program is also limited because benefit levels vary by county. Cash and/or in-kind benefits may be provided. Finally, the program will sunset on 6/30/99. Indiana plans to implement a voucher program for immigrants ineligible for federal food stamps. As of July 1998, this program had not been implemented, nor had the target population been identified.

1. Unless otherwise noted, sponsor-deeming will be imposed, for immigrants entering under the new affidavit of support, until the immigrant naturalizes or until the 40-quarter exemption is met.
2. In California, post-enactment immigrants can receive state-funded food stamps only if they have a sponsor who is abusive, disabled, or deceased.
3. California's program will sunset on July 1, 2000.
4. In New York, counties have the option to participate in the state food program. However, counties have no control over the program's eligibility. So far, 22 of the state's 57 counties, including New York City, have elected to participate in the state food program. The state estimates that these 22 counties contain 94 percent of the state's foreign-born population. Participating counties are required to cover 50 percent of the program's costs.
5. New York's program is limited to children under age 18, elderly persons age 60 or older, and disabled persons who are ineligible for federal food stamps because of their immigrant status.
6. In New York, all applicants who are eligible for citizenship must apply within 30 days of their application for benefits or within 30 days of becoming eligible for citizenship.
7. In New York, the immigrant must have been living (as of 8/22/96) in the same local service area in which he or she is now applying for benefits.
8. In Texas, elderly (persons who became 65 after 8/22/96 but before 3/1/98) and nonelderly disabled (persons under age 65 and receiving Supplemental Security Income (SSI)) immigrants who have legal immigration status with the Immigration and Naturalization Service (INS) and lost eligibility for the federally funded Food Stamp Program because of their citizenship status are eligible.
9. In Texas, only immigrants who received food stamp benefits at any time from 9/96 to 8/97, and did not receive benefits for 9/97, are eligible.
10. Texas' program will sunset on 8/31/99.
11. Originally, only elderly persons who were age 65 or older as of August 1997 were eligible for Florida's program. In July 1998, immigrant children under age 18 and disabled SSI recipients (who were receiving SSI as of August 1997) became eligible as well.
12. In Florida, all recipients are required to pursue naturalization or an exemption thereto.
13. To receive benefits, the immigrant must have been a resident of Florida before 2/1/97. This is considered a residency requirement because immigrants must have been residing in the particular state, not only the United States, on the given date.
14. Florida's program ended on 10/31/98.
15. Originally, only pre-enactment qualified immigrants and those immigrants who entered the United States before 1/1/72 or some later date as required by law and have maintained continuous residence pursuant to Section 249 of the Immigration and Nationality Act were eligible for New Jersey's substitute food program (these immigrants were eligible for federal food stamps in New Jersey before welfare reform). In order to receive benefits, these immigrants had to be under age 18, age 65 or over, receiving SSI benefits, mentally or physically incapacitated, or receiving General Assistance benefits because they were considered unemployable. In June 1998, immigrant parents (including legal guardians) of children receiving food stamps became eligible as well.

(continued)

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Notes from table 6, continued

16. Recipients must apply for naturalization within 60 days of their date of approval for New Jersey's food program. This requirement is waived for immigrants with a physical or mental impairment, or if the immigrant is not yet eligible to naturalize. Those immigrants denied citizenship will lose eligibility for the program.
17. Originally, only immigrants who were elderly (age 65 and older), disabled, or children (under age 18) were eligible for Illinois' program. Illinois sunset this portion of its program on 11/1/98, once the federal food stamp restorations became effective. On 2/1/99 the state began covering immigrants ages 60 to 64 and parents of children receiving federal food stamps—two groups not covered by the federal restorations.
18. Only post-enactment immigrants who are victims of domestic violence will be eligible for the new food program in Illinois, which began in February 1999.
19. Illinois' program ended on 11/1/98. The legislature had appropriated some funds for "immigrant services" in fiscal year (FY) 1999. These funds were used to expand the food program. The expansion is funded through FY 1999 and the governor included funds for the program in his FY 2000 budget. These funds must be appropriated by the legislature for the program to continue.
20. Illinois' original program provided fixed benefits of $43 per month to seniors (age 65 and over) and disabled immigrants and $80 per month to children. The expansion will provide a flat benefit of $50 per month.
21. An immigrant must have lived in Massachusetts for 60 days to be eligible. There are no exceptions to this requirement.
22. Funds have been appropriated for Massachusetts' program through 6/30/99. Funds must be appropriated for FY 2000 for the program to continue.
23. In Maryland, qualified immigrant children under age 18 are eligible for the program.
24. Immigrants entering Maryland from another state will receive benefits only if their former state of residence provided state-funded food assistance to immigrants as well.
25. In Connecticut, noncitizens entering the United States on or after 4/1/98 must reside in the state for six months before receiving state food stamps.
26. Minnesota is not purchasing federal food stamps; rather, it is providing Electronic Benefit Transfer benefits to immigrants ineligible for federal food stamps. The state created two state-funded programs to cover all immigrants no longer eligible for federal food stamps because of their citizenship status.
27. Immigrants receiving state-funded food assistance in Minnesota who have lived in the United States for at least four years must be pursuing citizenship by attending citizenship or English-as-a-second-language classes. Immigrants who have failed the English test for naturalization twice or who are over age 70 are exempt from this requirement.
28. Originally, applicants for Minnesota's food programs must have been residents of Minnesota as of 7/1/97. This residency requirement was removed by the legislature on 7/1/98. This was considered a residency requirement because immigrants must have been residing in the particular state, not only the United States, on the given date.
29. Minnesota's program will sunset on 6/1/99.
30. In Ohio, immigrants must be eligible to receive SSI to be eligible for the state food program, so only elderly and disabled immigrants are eligible to receive benefits.
31. All applicants for Ohio's program must prove that they are in the process of naturalizing in order to receive benefits. To be exempt from this requirement, an applicant must get a physician's statement that he/she is disabled or a resettlement worker's statement that he/she is unable to naturalize because of language limitations.
32. All applicants must have been residing in Ohio as of 8/22/96 and must have lived in the United States for at least five years. This is considered a residency requirement because immigrants must have been residing in the particular state, not only the United States, on the given date.
33. Ohio's program will sunset on 6/30/99.
34. In Missouri, all legal immigrants who received cash assistance (TANF) and federal food stamps on 8/22/96 are eligible if they lost federal food stamps after 8/22/96 because of their citizenship status. In addition, all applicants must have also received TANF on 4/1/98.
35. Immigrants must have been living in Rhode Island before 8/22/96 to receive benefits. This is considered a residency requirement because immigrants must have been living in the state, not only the United States, on the given date.
36. Rhode Island's program was scheduled to sunset on 6/30/98, but has been extended. According to the United States Department of Agriculture (USDA), Rhode Island's program was still running in July 1998. (See "State Funded Programs for Legal Immigrants." July 1998. USDA Web site.)
37. Nebraska's program will sunset on 7/1/99.
38. Maine's program will sunset on 6/30/99.

TABLE 7 *State-Funded TANF Programs for Immigrants during the Five-Year Bar*

State	Limited Immigrant Groups[1]	Sponsor-Deeming[2]	Limited Benefits	Naturalization Requirement	Residency Requirement
California		X			
Massachusetts				X[3]	
Maryland		X			X[4]
Washington		X[5]			X[6]
Pennsylvania		X			X[7]
Oregon		X			
Connecticut		X		X[8]	X[9]
Georgia		X			[10]
Minnesota		X		X[11]	X[12]
Hawaii[13]		X			
Wisconsin		X			X[14]
Missouri		X[15]			
Utah		X[16]			
Rhode Island	X[17]				X[18]
Tennessee		X[19]			
Nebraska		X			
Maine		X			
Vermont		(not available)			[20]
Wyoming		X			

Notes: TANF = Temporary Assistance for Needy Families
All data presented were current as of summer/fall 1998, unless otherwise noted.
1. States without an X provide TANF to all qualified immigrants entering the United States after 8/22/96.
2. Unless otherwise noted, sponsor-deeming, for immigrants entering under the new affidavit of support, will be imposed until the immigrant naturalizes or meets the 40-quarter exemption.
3. The Massachusetts naturalization requirement mandates recipients to pursue naturalization to the extent they are physically or mentally capable. Only immigrants who are eligible for naturalization in the next three years are subject to this requirement.
4. In Maryland, immigrants are ineligible for their first 12 months in the state unless they were eligible for state-funded TANF in their previous state of residence.
5. Deeming will be implemented for five years in Washington. However, the state's sponsor-deeming policy has not yet been implemented.
6. In Washington, the adult in the TANF unit must have lived in the state for 12 consecutive months for the household to receive benefits.
7. In Pennsylvania, new state residents receive the benefit level of their previous state of residence (if the benefit is lower) for one year. A U.S. District Court issued a preliminary injunction against this requirement in February 1998. Under this requirement, newly arriving immigrants would be ineligible for TANF benefits for one year. This residency requirement is currently being litigated *(Maldonado v. Houstoun)*. Although a preliminary injunction was granted in October 1997, the state reported in August 1998 that it is continuing to impose this requirement.
8. The steps an immigrant must take to fulfill the Connecticut naturalization requirement have not yet been defined.
9. Noncitizens must have lived in Connecticut for six months to be eligible. There is no similar requirement for citizens in the state's general TANF program.
10. New state residents are subject to the TANF time limits from their previous state of residence if they were shorter than Georgia's time limits.
11. All post-enactment immigrants receiving TANF benefits in Minnesota during the five-year bar are required to attend citizenship classes.
12. TANF recipients must have lived in Minnesota for 30 days to receive TANF. Minnesota also required that immigrants had to have been Minnesota residents as of July 1, 1997, to receive TANF. This requirement was repealed by the legislature on July 1, 1998. This was considered a residency requirement because immigrants must have been residing in the particular state, not only the United States, on the given date.
13. Hawaii's state-funded TANF program covers citizens as well. It provides assistance to low-income children who are ineligible for TANF. Before federal welfare reform and the creation of Hawaii's state-funded assistance program, these families were covered under the state's GA program.
14. All TANF applicants in Wisconsin must reside in the state for 60 days before receiving benefits. Newly arriving immigrants will be ineligible for their first 60 days in the country.
15. Missouri has not yet addressed the terms of deeming or how deeming will be implemented.
16. In Utah, deeming for all immigrants (including immigrants entering under the new affidavit) will last only three years.
17. In Rhode Island, children and pregnant women are the only groups of post-enactment qualified immigrants who are eligible for TANF.
18 Rhode Island created a requirement that would have provided benefits at 30 percent less than the state TANF grant for those recipients who have lived in the state for less than 12 months. Under *Westenfelder v. Ferguson*, this requirement was enjoined. The state is complying with this injunction while its appeal moves forward.
19. In Tennessee, deeming for all immigrants (including immigrants entering under the new affidavit) will last only three years.
20. Beginning in 7/97, any applicants for TANF who have not resided in Vermont for the previous 12 months are subject to the work requirements for TANF after 25 months if they are an adult from a one-parent family and 10 months if they are an adult from a two-parent family. Applicants who have lived in Vermont for more than 12 months are subject to the work requirements after 30 months if they are a one-parent family and 15 months if they are a two-parent family.

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TABLE 8 *State-Funded Medicaid for Immigrants during the Five-Year Bar*

State	Limited Immigrant Groups	Sponsor-Deeming[1]	Limited Benefits	Naturalization Requirement	Residency Requirement
California					
Illinois	X[2]	[3]			
Massachusetts					
Maryland	X[4]				
Virginia	X[5]	(not available)			
Washington		X[6]			X[7]
Pennsylvania		X			
Connecticut		X			X[8]
Minnesota		X			
Hawaii		X			
Rhode Island	X[9]				
Nebraska		X[10]			
Delaware		X			
Maine		X			

Notes: All state data presented above were current as of summer/fall 1998, unless otherwise noted.

1. Unless otherwise noted, sponsor-deeming, for immigrants entering under the new affidavit of support, will be imposed until the immigrant naturalizes or meets the 40-quarter exemption.
2. Illinois provides coverage only to immigrant children and pregnant women.
3. Illinois has not yet decided if it will impose deeming.
4. Maryland provides coverage to immigrant children (under age 18), full-time students expected to complete high school before the end of the calendar year, and pregnant women.
5. Virginia provides coverage to immigrant children (under age 19) and those immigrants receiving Medicaid and living in long-term care facilities on June 30, 1997.
6. Washington has not yet implemented sponsor-deeming. The state has indicated that deeming will be imposed for five years.
7. In Washington, noncitizens must have lived in the state for 12 months to receive benefits. There is no similar requirement for citizens in the state's regular Medicaid program.
8. In Connecticut, noncitizens must have lived in the state for six months to receive benefits. There are exemptions to this residency requirement for the mentally ill and victims of domestic violence. There is, however, no similar requirement for citizens on the regular Medicaid program.
9. Rhode Island provides coverage to immigrant children and pregnant women.
10. As of August 1998, deeming had not yet been implemented in Nebraska.

TABLE 9 *SSI Substitute Programs for Immigrants*

State	Targeted Groups Only	Pre-enactment Immigrants Only	Sponsor-Deeming Imposed[1]	Benefit Level Is Lower than SSI/SSP
California	X[2]	[2]		X[3]
Illinois		X		
Oregon			(not available)	X
New Hampshire		X[4]		
Maine			X[5]	

Notes: SSI = Supplemental Security Income; SSP = State Supplementary Payment
All data presented above were current as of summer/fall 1998, unless otherwise noted.
This table includes only new substitute programs. (Table 11 includes existing state General Assistance programs that may provide assistance to elderly and disabled immigrants no longer eligible for SSI.)
1. Unless otherwise noted, sponsor-deeming, for immigrants entering under the new affidavit of support, will be imposed until the immigrant naturalizes or meets the 40-quarter exemption.
2. In California, post-enactment immigrants can receive state-funded SSI only if they have a sponsor who is abusive, disabled, or deceased.
3. In California, SSI and food stamp benefits are combined. To account for the possibility that immigrants receiving SSI benefits could also apply for food stamps, the SSI benefit level in the SSI substitute program is reduced by $10 per month (than the standard SSI/SSP level) for individuals and $20 for couples.
4. In New Hampshire, post-enactment qualified immigrants are eligible only after the five-year bar.
5. Sponsor-deeming will be imposed for three years on Maine's program, even for immigrants entering under the new affidavit of support.

TABLE 10 *General Assistance and Similar Programs for the Elderly and Disabled*

State	Limited Populations[1]	Qualified Immigrants Ineligible		Sponsor-Deeming Imposed[2]	Benefit Level Less Than SSI[3]	Duration of Assistance Is Limited	Residency Requirement	Naturalization Requirement
		Pre-enactment	Post-enactment					
California[4]				X[5]	X	X[6]	[7]	
New York				X	X	[8]	X[9]	
Texas	General Assistance program is not statewide.							
Florida	General Assistance program is not statewide.							
New Jersey	X[10]		X	X[5]	X	X[11]		X[12]
Illinois[13]	X[14]		X[15]		X			
Arizona	X[16]				X	X[17]		
Massachusetts								X[18]
Maryland	X[19]			X[20]	X	X[21]		
Virginia	General Assistance program is not statewide.							
Washington	X[22]			X[23]	X			
Michigan		X[24]	X[25]		(not available)			
Pennsylvania	X[26]			X	X	X[27]	X[28]	
Colorado[29]				[30]				
Oregon					(not available)	X[31]		X[32]
Connecticut							X[33]	X[34]
Georgia	General Assistance program is not statewide.							
North Carolina	General Assistance program is not statewide.							
Minnesota			X[35]	X	X		X[36]	X[37]
Nevada	General Assistance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.							
Hawaii[38]				X	X[39]			
Ohio			X	X	X			
Wisconsin	General Assistance program is not statewide.							
New Mexico	X[40]			X	X			
Missouri	X[41]				X	X[42]		
Utah	X[43]		X		X			X
Louisiana	No General Assistance program.							
Rhode Island	X[44]		X[45]		X	X[46]		
Kansas	X[47]		X	X[48]	X			
Oklahoma	No General Assistance program.							
Alabama	No General Assistance program.							
Idaho	General Assistance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.							
Tennessee	No General Assistance program.							
District of Columbia	General Assistance program is not provided to the elderly and disabled.							
Indiana	General Assistance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.							
Iowa	General Assistance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.							
Nebraska[49]	X[50]					X[51]		
Arkansas	No General Assistance program.							
Mississippi	No General Assistance program.							
Kentucky	No General Assistance program.							
Delaware			X[52]	X				
New Hampshire	General Assistance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.							
Maine				X	(not available)			
Alaska[53]			X[54]	X[55]	(not available)			
South Carolina	No General Assistance program.							
West Virginia	No General Assistance program.							
Vermont						[56]		
Wyoming	No General Assistance program.							
Montana	General Assistance program is not statewide.							
South Dakota	General Assistance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.							
North Dakota	General Assistance program is not statewide.							

Notes:

SSI = Supplemental Security Income

All data presented above were current as of summer/fall 1998, unless otherwise noted.

1. States with an X provide General Assistance benefits to a subset of the population eligible for SSI. See footnotes for details.

2. Unless otherwise noted, sponsor-deeming, for immigrants entering under the new affidavit of support, will be imposed until the immigrant naturalizes or meets the 40-quarter exemption.

3. Some of this GA information comes from Gallagher et al., 1999. SSI benefit levels used for comparison include the State Supplemental Payment (SSP) for states with federally and state-administered supplements. The average monthly *(continued)*

Notes from table 10, continued

combined SSI/SSP benefit was given for states instead of the maximum monthly payment because these payments vary widely by the living arrangement of the recipient. Average maximum benefits were calculated using county information when state information was unavailable (for California, New York, Illinois, and Vermont).

4. California law mandates counties to provide General Relief (GR) to needy persons who do not qualify for federally funded assistance. The state sets minimum standards for the program, including minimum grant levels and eligibility rules. Specific program eligibility rules and services vary by county. Immigrant eligibility for the program, however, is standard statewide. The information presented is for Los Angeles County, which represents 61 percent of the state's GR caseload.

5. Deeming in Los Angeles County and New Jersey lasts for three years, even for those immigrants entering under the new affidavit of support.

6. In Los Angeles County, GR is limited to 5 months out of any 12-month period for "employable recipients" (any recipient who is not physically or mentally disabled). This time limit applies only to elderly, nondisabled recipients.

7. In Los Angeles County, GR recipients must have lived in the county for at least 15 days.

8. After 24 months, recipients in New York are ineligible for cash assistance under the Safety Net Assistance program. Equivalent in-kind benefits will be provided to these recipients after that time on an ongoing basis with recertification required every six months.

9. For their first 12 months, refugees, asylees, and Cuban/Haitian entrants receive New York's full grant if they are within their first 36 months in the United States. All other immigrants who are new state residents and apply for General Assistance (GA) are entitled to only 50 percent of New York's benefit level or the benefit of their previous state, whichever is greater. This two-tiered benefit level applies to all applicants who are new state residents.

10. Elderly individuals are not categorically eligible for GA in New Jersey. Only temporarily or permanently disabled persons (at least 18 years old) are covered by New Jersey's GA program.

11. While citizens living in New Jersey are eligible for GA for five years, noncitizens who are eligible to naturalize are eligible for only six months of assistance.

12. Immigrants who are eligible to naturalize must do so within six months to retain GA in New Jersey. According to U.S. law, to be eligible to naturalize legal permanent residents married to U.S. citizens must have lived in the United States for at least three years and all other legal permanent residents must have lived in the United States for five years. If immigrant applicants do not naturalize within six months of first receiving GA benefits, they will be declared ineligible for GA. Immigrants are not terminated from GA, however, if they completed a naturalization application and were unable to naturalize only because of an Immigration and Naturalization Service (INS) backlog in processing applications.

13. In Illinois, the state requires all localities to run GA programs. All local units that receive state funds for their GA programs (these local units include Chicago and approximately 60 other localities) must follow benefit and eligibility rules set by the Illinois Department of Human Services. Approximately 1,400 localities do not receive state funds and set their own benefit and eligibility rules. The information presented in this table is for Chicago and the localities following the state criteria.

14. Elderly individuals are not categorically eligible for GA in Illinois' state-funded programs. Only those individuals over age 55 who have no recent work history and are considered unemployable are eligible.

15. Post-enactment immigrants are eligible for GA in Illinois' state-funded programs only following the five-year bar.

16. Elderly individuals are not categorically eligible for GA in Arizona. Only disabled individuals (persons with a disability lasting at least 12 months) who are at least 18 years old and their caretakers are eligible.

17. Assistance in Arizona is available for 12 months in a rolling 36-month period. Individuals can obtain an extension for benefits beyond 12 months if they are reapplying for SSI. These individuals can continue to receive benefits pending certification for SSI. However, this extension would not apply to immigrants because they are no longer eligible for SSI.

18. Applicants in Massachusetts who are eligible to naturalize must cooperate with the naturalization process. There is an exception for those who are physically or mentally unable to naturalize. A noncitizen applying for Emergency Aid to the Elderly, Disabled, and Children benefits on or after 7/1/97 must meet the following criterion unless a good-cause exception exists: "be engaged in efforts to become a citizen of the United States, to the extent he or she is physically and mentally able to do so, if he or she is eligible to become a citizen within the next three years." Good causes for exception include the following: at application there is an immediate need for assistance; the individual is not a legal permanent resident (LPR); or a serious family situation or illness of another immediate family member prevents the LPR from engaging in efforts to become a citizen for the next 30 days.

19. Elderly individuals are not categorically eligible for GA in Maryland. Only disabled individuals (persons with a medical disability that precludes employment for at least three months) are eligible.

20. Maryland deducts the allowable amount of income for each individual sponsor, which is $100, and then deems the remaining income to the immigrant. Deeming lasts for three years, for all immigrants including those entering under the new affidavit of support.

21. Assistance in Maryland is available to SSI applicants until their final SSI determination is made. For persons ineligible for SSI (those eligible for short-term GA assistance only), assistance is available for the duration of the medical disability, up to a maximum of 12 months in a 36-month period. To continue to receive benefits, a recipient must be designated "long-term" by supplying medical documentation of a permanent condition. Maryland will not terminate immigrants no longer eligible for SSI solely because of their citizenship status.

22. Elderly individuals are not categorically eligible for GA in Washington. Only temporarily or permanently disabled individuals (persons with a disability preventing work for at least 90 days) are eligible.

23. Deeming in Washington's GA program will be imposed for five years, even for those immigrants entering under the new affidavit of support. The details of Washington's deeming policy are still under consideration.

24. Only those immigrants eligible for SSI are eligible for GA in Michigan. Therefore, pre-enactment qualified immigrants who are elderly, but not disabled, are ineligible for GA unless they were receiving SSI on August 22, 1996.

25. Only those immigrants eligible for SSI are eligible for GA in Michigan. So, no post-enactment qualified immigrants are eligible for GA in Michigan.

(continued)

Notes from table 10, continued

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26. Elderly individuals are not categorically eligible for GA in Pennsylvania. Only disabled individuals (persons with a temporary or permanent disability); persons with active participation in a drug or alcohol program, which precludes employment; caretakers of disabled persons who are deemed necessary; and victims of domestic violence are eligible.
27. In Pennsylvania, assistance is available for only nine months in a lifetime to persons unemployable because of active participation in drug and alcohol treatment programs.
28. The state requirement that all applicants for GA in Pennsylvania must have lived in the state for 60 days to be eligible for benefits has been enjoined (after originally being upheld by a U.S. District Court). The state is currently appealing this decision to the 3rd U.S. Circuit Court of Appeals.
29. This information is for Colorado's Old Age Pension (OAP), Aid to the Needy Disabled, and Aid to the Blind programs.
30. Currently, sponsor-deeming is not being imposed in any of these three programs, although Colorado legislation directs that deeming be imposed.
31. Assistance is provided in Oregon only until a final SSI determination is made. Immigrants no longer eligible for SSI are ineligible for GA once they are denied SSI. Oregon has created an SSI substitute program for certain immigrants ineligible for SSI (see table 9 for details).
32. A naturalization requirement was implemented in Oregon in March 1997. Immigrants receiving Senior Disabled Services (GA) must demonstrate active participation in the naturalization process.
33. Noncitizens must have lived in Connecticut for six months to be eligible for GA. There is no similar residency requirement for citizens who receive GA.
34. The steps an immigrant must take to fulfill the Connecticut naturalization requirement are not defined yet. The state, however, expects GA recipients who have been in the United States for five years to pursue naturalization and document their efforts to the state.
35. Only those post-enactment qualified immigrants living in Minnesota as of 3/1/97 are eligible for GA.
36. All applicants must have lived in Minnesota for a minimum of 30 days to receive GA benefits. During the individual's first 12 months in the state, he or she will receive the same GA benefit level as was provided in their previous state of residence. If the previous state did not have a GA program, the individual is ineligible for Minnesota's program for 12 months. Noncitizens must have been residents of Minnesota as of 3/1/97 to be eligible for GA benefits. Post-enactment qualified immigrants (newly arriving in the United States) who meet the date of residency requirement were still ineligible for GA benefits for 12 months (from 7/1/97 to 7/1/98) because they had no former state of residence. A Ramsey County District Judge issued a temporary injunction against this requirement in December 1997. In July 1997, however, the state began implementing this requirement while it appealed the District Court's decision. The state stopped implementing this requirement on 7/1/98, but is continuing to pursue its appeal.
37. An immigrant living in Minnesota must be pursuing citizenship by attending citizenship or English-as-a-second-language classes, in order to qualify for any state-funded benefits. Immigrants who fail the English test for naturalization twice are exempt from this requirement.
38. This information is for Hawaii's GA and Aged, Blind, and Disabled programs.
39. The benefit level for Hawaii's GA program is $40 less than the SSI/SSP level. For the state's Aged, Blind, and Disabled programs, however, the GA benefit is actually $38 higher.
40. Elderly individuals are not categorically eligible for GA in New Mexico. Only temporarily or permanently disabled individuals are eligible.
41. Elderly individuals are not categorically eligible for GR in Missouri. Temporarily (disability lasting at least 90 days) and permanently disabled individuals are eligible for the state's program. Caretakers of disabled individuals are also eligible for GR. Blind individuals are eligible for the state Blind Pension program.
42. Although Missouri's GR benefits are provided to permanently disabled individuals only until their final SSI determination is made, Missouri will not terminate immigrants no longer eligible for SSI solely because of their citizenship status.
43. Elderly individuals are not categorically eligible for GA in Utah. Only single adults or married couples without children who face barriers to employment (for at least 30 days) because of a disability are eligible.
44. Elderly individuals are not categorically eligible for GA in Rhode Island. Only disabled individuals awaiting an SSI determination are eligible. Persons with a temporary disability (lasting at least 30 days) may be made eligible on a case-by-case basis. Disabled couples can also receive benefits, but they are assessed separately as two individuals.
45. Most post-enactment immigrants are ineligible for interim assistance under Rhode Island's GA program for their first five years in the country. Only those post-enactment immigrants who are eligible for state-funded Medicaid during the five-year bar (children and pregnant women) are eligible for interim assistance.
46. Assistance in Rhode Island is provided only until a final SSI determination is made. Immigrants no longer eligible for SSI are ineligible for GA once they are denied SSI.
47. Elderly individuals are not categorically eligible for GA in Kansas. Only disabled persons and their caretakers are eligible.
48. Deeming in Kansas lasts for three years, even for those immigrants entering under the new affidavit of support. One hundred percent of the income (after up to a $175 disregard) of the sponsor and sponsor's spouse is attributed to the immigrant.
49. This information is for Nebraska's State Disability Program. In addition, the state mandates counties to provide GA; however, program eligibility varies by county.
50. Elderly individuals are not categorically eligible for the State Disability Program in Nebraska. Only disabled individuals (persons with a disability lasting at least six months) are eligible.
51. Assistance in Nebraska is provided only until a final SSI determination is made. Nebraska will not terminate immigrants no longer eligible for SSI solely because of their citizenship status.
52. Post-enactment immigrants are eligible for GA in Delaware only after a five-year bar.
53. This information is for Alaska's General Relief Assistance and Adult Public Assistance (or state supplement) programs.
54. All post-enactment qualified immigrants are eligible for Alaska's General Relief Assistance program. However, post-enactment immigrants are eligible for the Adult Public Assistance program only after a five-year bar.
55. Sponsor-deeming is imposed on only the Adult Public Assistance program.
56. Recipients on Vermont's GA program must apply for each new need. Duration of benefits is usually for a month or less, based on need, but additional applications may be granted as long as the need exists and eligibility criteria are met.

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TABLE 11 *General Assistance and Similar Programs for Families with Children*

State	Limited Types of Families	Qualified Immigrants Ineligible		Sponsor-Deeming Imposed[1]	Benefit Level Less Than TANF[2]	Work Requirement[3]	Duration of Assistance Is Limited	Residency Requirement	Naturalization Requirement
		Pre-enactment	Post-enactment						
California[3]	[4]			X[5]	X	X	X[6]	[7]	
New York	[8]			X		X	[9]	X[10]	
Texas	General Assistance program is not statewide.								
Florida	General Assistance program is not statewide.								
New Jersey	X[11]		X	X[12]			X[13]		X[14]
Illinois[15]	X[16]		X[17]			X			
Arizona	General Assistance is not provided to families with children.								
Massachusetts	X[18]				X	X			X[19]
Maryland	General Assistance is not provided to families with children.								
Virginia	General Assistance program is not statewide.								
Washington	X[20]			X[21]					
Michigan	General Assistance is not provided to families with children.								
Pennsylvania	X[22]			X		X	X[23]	X[24]	
Colorado	General Assistance is not provided to families with children.								
Oregon	General Assistance is not provided to families with children.								
Connecticut	X[25]				X[26]			X[27]	X[28]
Georgia	General Assistance program is not statewide.								
North Carolina	General Assistance program is not statewide.								
Minnesota	X[29]		X[30]	X	X			X[31]	X[32]
Nevada	General Assistance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.								
Hawaii[33]	General Assistance is not provided to families with children.								
Ohio	X[34]		X	X	X				
Wisconsin	General Assistance program is not statewide.								
New Mexico	[35]			X					
Missouri	X[36]				X				
Utah	General Assistance is not provided to families with children.								
Louisiana	No General Assistance program.								
Rhode Island	General Assistance is not provided to families with children.								
Kansas	General Assistance is not provided to families with children.								
Oklahoma	No General Assistance program.								
Alabama	No General Assistance program.								
Idaho	General Assistance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.								
Tennessee	No General Assistance program.								
District of Columbia	X[37]			(not available)	X				
Indiana	General Assistance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.								
Iowa	General Assistance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.								
Nebraska	General Assistance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.								
Arkansas	No General Assistance program.								
Mississippi	No General Assistance program.								
Kentucky	No General Assistance program.								
Delaware	X[38]		X[39]	X	X				
New Hampshire	General Assistance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.								
Maine	[40]			X		X[41]			
Alaska	[42]				X	X			
South Carolina	No General Assistance program.								
West Virginia	No General Assistance program.								
Vermont	[43]				X	X	[44]		
Wyoming	No General Assistance program.								
Montana	General Assistance program is not statewide.								
South Dakota	General Assistance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.								
North Dakota	General Assistance program is not statewide.								

Notes: TANF = Temporary Assistance for Needy Families

All data presented above were current as of summer/fall 1998, unless otherwise noted.

1. Unless otherwise noted, sponsor-deeming, for immigrants entering under the new affidavit of support, will be imposed until the immigrant naturalizes or meets the 40-quarter exemption.

2. Some of this GA information comes from Gallagher et al., 1999. TANF benefit levels come from Falk et al., 1998.

3. California law mandates counties to provide General Relief (GR) to needy persons who do not qualify for federally funded assistance. The state sets minimum standards for the program, including minimum grant levels and eligibility rules. *(continued)*

Notes from table 11, continued

Specific program eligibility rules and services vary by county. Immigrant eligibility for the program, however, is standard statewide. The information presented is for Los Angeles County, which represents 61 percent of the state's GR caseload.
4. The only families served under Los Angeles County's GR program are post-enactment qualified immigrant families who have not lived in the state long enough to receive TANF. This currently covers only about 100 families.
5. Deeming in Los Angeles County lasts for three years, even for those immigrants entering under the new affidavit of support.
6. Assistance for "employables" in Los Angeles County is available for 5 months out of any 12-month period.
7. In Los Angeles County, GR recipients must have lived in the county for at least 15 days.
8. In New York, post-enactment qualified immigrant families with children who are ineligible for TANF because of the federal five-year bar are eligible for Safety Net Assistance. Unattached children are also eligible for benefits. In addition, families that hit their TANF lifetime limit are eligible for the noncash portion of the Safety Net Assistance program. This will include, for example, state payments made directly to landlords and utility companies. After these payments are made, any remaining grant funds may be paid in cash to the recipient.
9. After 24 months, recipients in New York are ineligible for cash assistance under the Safety Net Assistance program. Equivalent in-kind benefits will be provided after that time on an ongoing basis with recertification required every six months.
10. For their first 12 months, refugees, asylees, and Cuban/Haitian entrants receive New York's full grant if they are within their first 36 months in the United States. All other immigrants who are new state residents and apply for General Assistance (GA) are entitled to only 50 percent of New York's benefit level or the benefit of their previous state, whichever is greater. This two-tiered benefit level applies to all applicants who are new state residents.
11. Only emancipated minors (at least 16 years old) are eligible for GA in New Jersey.
12. In New Jersey, deeming lasts for three years, even for those immigrants entering under the new affidavit of support.
13. While citizens in New Jersey are eligible for GA for five years (matching the state's lifetime TANF time limit), noncitizens who are eligible to naturalize are eligible for only six months of assistance.
14. Immigrants who are eligible to naturalize must do so within six months to retain GA in New Jersey. According to U.S. law, to be eligible to naturalize legal permanent residents married to U.S. citizens must have lived in the United States for at least three years and all other legal permanent residents must have lived in the United States for at least five years. If immigrant applicants do not naturalize within six months of first receiving GA benefits, they will be declared ineligible for GA. Immigrants will not be terminated from GA, however, if they completed a naturalization application and were unable to naturalize solely because of an Immigration and Naturalization Service (INS) backlog in processing applications.
15. In Illinois, the state requires all localities to run GA programs. All local units that receive state funds for their GA programs (these local units include Chicago and approximately 60 other localities) must follow benefit and eligibility rules set by the Illinois Department of Human Services. Approximately 1,400 localities do not receive state funds and set their own benefit and eligibility rules. The information presented in this table is for Chicago and the localities following the state criteria.
16. In Chicago (and the 60 other localities that use state funds), children (age 18 or under), including those in high school and expected to graduate before age 19, are eligible for GA.
17. Post-enactment immigrants are eligible for GA in Illinois' state-funded programs only after a five-year bar.
18. In Massachusetts, students under age 21 who are in a school or a training program and certain families ineligible for TANF (e.g., families with unattached children or two-parent families without significant work histories) are eligible for the Emergency Aid to the Elderly, Disabled, and Children (EAEDC) program.
19. If an applicant in Massachusetts is eligible to naturalize, he or she must cooperate with the naturalization process. There is an exception for those who are physically or mentally unable to naturalize. A noncitizen applying for EAEDC benefits on or after 7/1/97 must meet the following criterion unless a good-cause exception exists: "be engaged in efforts to become a citizen of the United States, to the extent he or she is physically and mentally able to do so, if he or she is eligible to become a citizen within the next three years." Good causes for exception include the following: at application there is an immediate need for assistance; the individual is not a legal permanent resident (LPR); or a serious family situation or illness of another immediate family member prevents the LPR from engaging in efforts to become a citizen for the next 30 days.
20. Pregnant women in their first two trimesters and unattached children living with a guardian are eligible for GA in Washington.
21. In Washington, deeming will be imposed for five years, even for those immigrants entering under the new affidavit of support. The details of Washington's deeming policy are still under consideration.
22. In Pennsylvania, unattached children and their caregivers and two-parent families who are ineligible for TANF are eligible for GA.
23. In Pennsylvania, assistance is available for only nine months in a lifetime to persons considered unemployable because of active participation in drug and alcohol treatment programs .
24. The state requirement that all applicants for GA in Pennsylvania must have lived in the state for 60 days to be eligible for benefits has been enjoined (after originally being upheld by a U.S. District Court). The state is currently appealing this decision to the 3rd U.S. Circuit Court of Appeals.
25. In Connecticut, only families with unattached children are eligible for GA.
26. The GA benefit level is less than TANF only in region B where the GA benefit is $500/month compared with the TANF benefit of $543/month. However, region B encompasses Bridgeport, Hartford, and New Haven and accounts for 90 percent of Connecticut's GA caseload.
27. Noncitizens must have lived in Connecticut for six months to be eligible for GA. There is no similar residency requirement for citizens.
28. The steps an immigrant must take to fulfill the Connecticut naturalization requirement are not defined yet. The state, however, expects GA recipients who have been in the United States for five years to pursue naturalization and document their efforts to the state.
29. In Minnesota, only unattached children and emancipated minors are eligible for GA.
30. Only those post-enactment qualified immigrants living in Minnesota as of 3/1/97 are eligible.
31. All applicants must have lived in Minnesota for a minimum of 30 days to receive benefits. During the individual's first 12 months in the state, he or she will receive the same GA benefit level as was provided in their previous state of residence.

(continued)

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Notes from table 11, continued

If the previous state did not have a GA program, the individual is ineligible for Minnesota's program for 12 months. Noncitizens must have been residents of Minnesota as of 3/1/97 to be eligible for GA benefits. Post-enactment qualified immigrants (newly arriving in the United States) who meet the date of residency requirement were still ineligible for GA benefits for 12 months (from 7/1/97 to 7/1/98) because they had no former state of residence. A Ramsey County District Judge issued a temporary injunction against this requirement in December 1997. In July 1997, however, the state began implementing this requirement while it appealed the District Court's decision. The state stopped implementing this requirement on 7/1/98, but is continuing to pursue its appeal.

32. All immigrants living in Minnesota must be pursuing citizenship by attending citizenship or English as a second language classes to qualify for any state-funded benefits. Immigrants who fail the English test for naturalization twice are exempt from this requirement.

33. Before federal welfare reform, low-income, two-parent families with minor children who were not eligible for Aid to Families with Dependent Children were covered under Hawaii's GA program. Following welfare reform, the state created a state-funded program to cover post-enactment immigrants ineligible for TANF during the five-year bar. This program now covers low-income, two-parent families with minor children who do not qualify for TANF.

34. In Ohio, only pregnant women in their first two trimesters and unattached children are eligible for GA.

35. In New Mexico, children living with unrelated caretakers or guardians are eligible for GA. In addition, New Mexico will provide GA to post-enactment immigrant families who are ineligible for TANF because of the federal five-year bar.

36. Only emancipated minors are eligible for GA in Missouri.

37. Unattached children are eligible for General Public Assistance for Children in the District of Columbia.

38. In Delaware, only unattached children are eligible for GA.

39. Post-enactment immigrants are eligible for GA in Delaware only after a five-year bar.

40. Many localities in Maine have a higher income limit for their GA program than for their TANF program. Therefore, families that are ineligible for TANF (because of their income) may be eligible for GA. Maine's GA program provides in-kind, not cash, assistance. Therefore, families receiving TANF may also receive GA if they require assistance to meet additional needs (e.g., housing).

41. In Maine, work requirements are implemented at town option.

42. In Alaska, post-enactment qualified immigrant families with children who are ineligible for TANF because of the federal five-year bar are eligible for GA. In addition, families receiving TANF may also receive GA, which provides in-kind, not cash, assistance. Recipients must reapply for assistance monthly.

43. In Vermont, families with children are eligible for GA only pending a TANF eligibility decision. In the event of a catastrophic situation (such as natural disaster or domestic violence), families with children receiving TANF could also receive short-term GA cash and in-kind assistance.

44. Recipients in Vermont must apply for each new need. Duration of benefits is usually for a month or less, based on need, but additional applications may be granted as long as the need exists and eligibility criteria are met.

TABLE 12 *General Assistance and Similar Programs for Employable Adults without Children*

State	Qualified Immigrants Ineligible		Sponsor-Deeming Imposed[1]	Work Requirement	Duration of Assistance Is Limited	Residency Requirement	Naturalization Requirement
	Pre-enactment	Post-enactment					
California[2]			X[3]	X	X[4]	[5]	
New York			X	X	[6]	X[7]	
New Jersey		X	X[3]	X	X[8]		X[9]
Utah		X		X	X[10]		
Maine			X	X[11]			
Alaska				X			
Vermont				X	[12]		

Notes: TANF = Temporary Assistance for Needy Families
All data presented above were current as of summer/fall 1998, unless otherwise noted.
1. Unless otherwise noted, sponsor-deeming, for immigrants entering under the new affidavit of support, will be imposed until the immigrant naturalizes or meets the 40-quarter exemption.
2. California law mandates counties to provide General Relief (GR) to needy persons who do not qualify for federally funded assistance. The state sets minimum standards for the program, including minimum grant levels and eligibility rules. Specific program eligibility rules and services vary by county. Immigrant eligibility for the program, however, is standard statewide. The information presented is for Los Angeles County, which represents 61 percent of the state's GR caseload.
3. Deeming in Los Angeles County and New Jersey lasts for three years, even for those immigrants entering under the new affidavit of support.
4. Assistance for "employables" in Los Angeles County is available for 5 months out of any 12-month period.
5. In Los Angeles County, GR recipients must have lived in the county for at least 15 days.
6. After 24 months, recipients in New York are ineligible for cash assistance under the Safety Net Assistance program. Equivalent in-kind benefits will be provided after that time on an ongoing basis with recertification required every six months. Benefits will include, for example, state payments made directly to landlords and utility companies. After these payments are made, any remaining grant funds may be paid in cash to the recipient.
7. For their first 12 months, refugees, asylees, and Cuban/Haitian entrants receive New York's full grant if they are within their first 36 months in the United States. All other immigrants who are new state residents and apply for General Assistance (GA) are entitled to only 50 percent of New York's benefit level or the benefit of their previous state, whichever is greater. This two-tiered benefit level applies to all applicants who are new state residents.
8. While citizens living in New Jersey are eligible for GA for five years (matching the state's lifetime TANF time limit), noncitizens who are eligible to naturalize are eligible for only six months of assistance.
9. Immigrants who are eligible to naturalize must do so within six months to retain GA in New Jersey. According to U.S. law, to be eligible to naturalize legal permanent residents married to U.S. citizens must have lived in the United States for at least three years and all other legal permanent residents must have lived in the United States for five years. If immigrant applicants do not naturalize within six months of first receiving GA benefits, they will be declared ineligible for GA. Immigrants are not terminated from GA, however, if they completed a naturalization application and were unable to naturalize solely because of an Immigration and Naturalization Service (INS) backlog in processing applications.
10. GA recipients in Utah who are working toward employment are able to receive assistance for 7 months out of an 18-month period, with unlimited reapplications.
11. Work requirements in Maine are implemented at town option.
12. Recipients in Vermont must apply for each new need. Duration of benefits is usually for a month or less, based on need, but additional applications may be granted as long as the need exists and eligibility criteria are met.

TABLE 13 *State Health Insurance Programs for the Elderly and Disabled*

State	Limited Populations	Qualified Immigrants Ineligible		Sponsor-Deeming Imposed[1]	Coverage Less Than Medicaid	Duration of Assistance Is Limited	Residency Requirement	Naturalization Requirement
		Pre-enactment	Post-enactment					
California[2]				X[3]		X[4]	[5]	
New York	No state health insurance program that serves the elderly and disabled.							
Texas	No state health insurance program that serves the elderly and disabled.							
Florida	No state health insurance program that serves the elderly and disabled.							
New Jersey[6]	X[7]		X[8]	X[9]	X[10]	X[11]		X[12]
Illinois[13]	X[14]		X[15]		X[16]			
Arizona	No state health insurance program that serves the elderly and disabled.							
Massachusetts	No state health insurance program that serves the elderly and disabled.							
Maryland[16]	X[17]				X[18,19]			
Virginia	No state health insurance program that serves the elderly and disabled.							
Washington[19]	X[20]			X[21]	X[19]			
Michigan[22]	—	—	—	—	X	—	—	—
Pennsylvania[23]	X[24]			[25]	X[19]	X[26]		
Colorado[27]				X[28]	X[19]			
Oregon	No state health insurance program that serves the elderly and disabled.							
Connecticut[29]				X[30]	X[19]		X[31]	X[32]
Georgia	No state health insurance program that serves the elderly and disabled.							
North Carolina	No state health insurance program that serves the elderly and disabled.							
Minnesota[33]				X	X[19]		X[34]	
Nevada	Health insurance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.							
Hawaii	No state health insurance program that serves the elderly and disabled.							
Ohio	No state health insurance program that serves the elderly and disabled.							
Wisconsin[35]	No state health insurance program that serves the elderly and disabled.							
New Mexico	No state health insurance program that serves the elderly and disabled.							
Missouri[36]	X[37]				X[19]			
Utah[38]			X[39]		X[40]			
Louisiana	No state health insurance program that serves the elderly and disabled.							
Rhode Island[41]	X[42]				X[43]	X[44]		
Kansas[45]	X[46]		X	X[47]	X[48]			
Oklahoma	No state health insurance program that serves the elderly and disabled.							
Alabama	No state health insurance program that serves the elderly and disabled.							
Idaho	No state health insurance program that serves the elderly and disabled.							
Tennessee	No state health insurance program that serves the elderly and disabled.							
District of Columbia	No state health insurance program that serves the elderly and disabled.							
Indiana	No state health insurance program that serves the elderly and disabled.							
Iowa	No state health insurance program that serves the elderly and disabled.							
Nebraska	No state health insurance program that serves the elderly and disabled.							
Arkansas	No state health insurance program that serves the elderly and disabled.							
Mississippi	No state health insurance program that serves the elderly and disabled.							
Kentucky	No state health insurance program that serves the elderly and disabled.							
Delaware	No state health insurance program that serves the elderly and disabled.							
New Hampshire	No state health insurance program that serves the elderly and disabled.							
Maine[49]				X	X[49]			
Alaska[50]					X[49,50]			
South Carolina[51]	—	—	—	—	X	—	—	—
West Virginia[52]	No state health insurance program that serves the elderly and disabled.							
Vermont[53]					X[54]			
Wyoming[55]					X[19]			
Montana	No state health insurance program that serves the elderly and disabled.							
South Dakota	No state health insurance program that serves the elderly and disabled.							
North Dakota	No state health insurance program that serves the elderly and disabled.							

Notes: All data presented above were current as of summer/fall 1998, unless otherwise noted.

1. Unless otherwise noted, sponsor-deeming, for immigrants entering under the new affidavit of support, will be imposed until the immigrant naturalizes o. meets the 40-quarter exemption.

2. California law mandates counties to provide General Relief (GR), including medical assistance, to needy persons who do not qualify for federally funded assistance. The state sets minimum standards for the program, including minimum grant levels and eligibility rules. Specific program eligibility rules and services vary by county. Immigrant eligibility for the program, however, is standard statewide. The information presented is for Los Angeles County, which represents 61 percent of the state's GR caseload. Only GR cash recipients are eligible for the GR Health Plan in Los Angeles County. *(continued)*

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Notes from table 13, continued

3. Deeming in Los Angeles County lasts for three years, even for immigrants entering under the new affidavit of support.
4. Assistance for "employables" in Los Angeles County is available for 5 months out of any 12-month period. Therefore, this time limit applies only to elderly, nondisabled recipients.
5. In Los Angeles County, GR recipients must have lived in the county for at least 15 days.
6. New Jersey has two programs providing health insurance for which uninsured elderly and disabled residents could qualify. The Charity Care program is available to all uninsured individuals with incomes up to 200 percent of the federal poverty level. A sliding-fee scale is used for individuals between 200 and 300 percent of the federal poverty level. Elderly and disabled residents who qualify for the cash component of the General Assistance (GA) program are eligible for the state's GA-Medical program.
7. Elderly and disabled individuals (meeting other program criteria) are eligible for New Jersey's Charity Care program. Elderly individuals are not categorically eligible for the GA-Medical program. Only temporarily or permanently disabled persons (at least 18 years old) are eligible.
8. Post-enactment qualified immigrants are eligible for the Charity Care program (because the state does not verify immigrant status in this program). Post-enactment qualified immigrants, however, are ineligible for New Jersey's GA-Medical program.
9. Sponsor-deeming is not imposed on the Charity Care program. Deeming is imposed for three years on New Jersey's GA-Medical program.
10. State program provides a comprehensive range of services, including both inpatient and outpatient care, but less coverage than Medicaid. These programs may also provide other services.
11. There is no time limit on New Jersey's Charity Care program. Noncitizens who are eligible to naturalize are limited to six months of assistance under New Jersey's GA-Medical program. Citizens are limited to five years.
12. Immigrants who are eligible to naturalize must do so within six months to retain GA-Medical assistance in New Jersey. According to U.S. law, to be eligible to naturalize legal permanent residents married to U.S. citizens must have lived in the United States for at least three years and all other legal permanent residents must have lived in the United States for five years. If immigrants do not naturalize within six months of first receiving GA-Medical benefits, they will be declared ineligible for GA. Immigrants are not terminated from GA, however, if they have completed a naturalization application and were unable to naturalize solely because of an Immigration and Naturalization Service (INS) backlog in processing applications.
13. Illinois state law requires all local units to run GA-Medical programs. This information is for the city of Chicago and approximately 60 other localities that receive state funds and follow state guidelines. Approximately 1,400 localities do not receive state funds and set their own benefit and eligibility rules.
14. Elderly individuals are not categorically eligible for GA in Illinois' state-funded programs. Only those individuals over age 55 who have no recent work history and who are considered unemployable are eligible.
15. Post-enactment immigrants are eligible for the state-funded programs in Illinois only after a five-year bar.
16. This information is for Maryland's Primary Care program and the Public Assistance for Adults program.
17. Elderly individuals are not categorically eligible for Primary Care in Maryland. Only disabled individuals (with a medical disability that precludes employment for at least three months) are eligible if they are eligible for Maryland's GA program but not for Medicaid. All state residents who meet the program's income criteria and are ineligible for Medicaid are eligible for the state Pharmacy Assistance program.
18. State program provides only specialized services (such as prescriptions).
19. Washington has three programs providing health care for which uninsured elderly and disabled residents could qualify. These programs are GA-Unemployable, the Medically Indigent program, and the Basic Health Plan.
20. Elderly individuals are not categorically eligible for GA-Unemployable in Washington. Only temporarily or permanently disabled individuals (persons with a disability preventing work for at least 90 days) are eligible. Uninsured individuals not eligible for Medicaid are eligible for the Medically Indigent program or Basic Health Plan (if they meet these programs' income requirements).
21. Although Washington has decided to impose sponsor-deeming on these programs, deeming is not currently being implemented because the state has not decided how to implement deeming.
22. Our survey contains no information on health insurance programs in Michigan. This information is for Michigan's State Medical program, taken from Lipson et al., 1997. The "—" signifies that we know of a program's existence, but do not have complete eligibility information for that program.
23. This information is for Pennsylvania's General Assistance Medical Assistance program.
24. Elderly individuals are not categorically eligible for GA Medical Assistance in Pennsylvania. Only disabled individuals (with a temporary or permanent disability); persons with active participation in a drug or alcohol program, which precludes employment; caretakers of disabled persons who are deemed necessary; and victims of domestic violence are eligible. Recipients cannot be eligible for Medicaid.
25. Currently, sponsor-deeming is not being imposed, although Pennsylvania is considering imposing it.
26. In Pennsylvania, assistance is available for only nine months in a lifetime to persons unemployable because of active participation in drug and alcohol treatment programs.
27. This information is for the medical portion of Colorado's Old Age Pension program and the Colorado Indigent Care Program.
28. Sponsor-deeming will be applied to Colorado's Old Age Pension only in cases in which the sponsor is not a relative.
29. This information is for Connecticut's General Assistance Medical program.
30. Sponsor-deeming will be imposed for three years, for all immigrants including those entering under the new affidavit of support, if allowed by Connecticut's attorney general. Before welfare reform, the state Supreme Court declared sponsor-deeming unconstitutional for GA-Medical. It remains to be seen if welfare reform will negate this court decision.
31. All noncitizens must have lived in Connecticut for at least six months to be eligible for GA-Medical benefits. There is no similar requirement for citizens on this program.
32. Noncitizens receiving GA in Connecticut must verify contact with the INS regarding naturalization to receive benefits.
33. This information is for Minnesota's General Assistance Medical program and the Minnesota Care program.
34. The residency requirement applies only to the Minnesota Care program. Recipients must have lived in the state for six months before applying.
35. There is no state mandate that counties must run health insurance programs in Wisconsin. Counties opting *(continued)*

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Notes from table 13, continued

to run medical assistance programs, however, can cover 50 percent of their program costs with state funds from the state's medical block grant program. In addition, counties can receive state funds from this block grant only for nonmedical programs (such as cash assistance) if they also run medical assistance programs. States with medical and nonmedical programs can recoup up to 40 percent of the costs for their nonmedical programs from the state.

36. This information is for Missouri's General Assistance Medical program.
37. Elderly individuals are not categorically eligible for Missouri's GA-Medical program. Temporarily (disability lasting at least 90 days) and permanently disabled individuals are eligible. Caretakers of disabled individuals are also eligible.
38. This information is for Utah's Medical Assistance Program.
39. Post-enactment qualified immigrants are eligible for assistance in Utah only after a five-year bar.
40. State program provides a limited range of services including only inpatient or emergency services.
41. This information is for Rhode Island's GA-Medical program.
42. Elderly individuals are not categorically eligible for the GA-Medical program in Rhode Island. Only disabled individuals awaiting a Supplemental Security Income (SSI) determination and persons with a temporary disability are eligible. Persons with a temporary disability may receive assistance for one or two months. Disabled couples may also receive benefits, but they are assessed separately as two individuals.
43. Services covered under Rhode Island's GA-Medical program include physician services and prescription drugs. Although the program does not cover these costs directly, hospitals are required to absorb the costs of inpatient and outpatient services.
44. Assistance in Rhode Island is available only until a final SSI determination is made. There are no special exceptions for immigrants who are no longer eligible for SSI.
45. This information is for Kansas's GA-Medical program.
46. Elderly individuals are not categorically eligible for GA-Medical assistance in Kansas. Only disabled persons and their caretakers are eligible.
47. Currently, deeming lasts for three years, even for those immigrants entering under the new affidavit of support. For immigrants entering under the new affidavit, the state will eventually impose deeming until the immigrant naturalizes or meets the 40-quarter exemption.
48. This information is for the medical component of Maine's GA program. Although the GA programs in Maine are county administered, 95 percent of the towns in Maine have adopted a standard state GA program under which medical assistance is provided.
49. This information is for Alaska's Chronic and Acute Medical Assistance (CAMA) program or GR-Medical component.
50. Pregnancy-related services are not covered under CAMA, although these services were covered under Alaska's old GR-Medical program (CAMA's precursor).
51. Our survey contains no information on health insurance programs in South Carolina. This information is for the Medically Indigent Assistance program, taken from the National Health Law Program's (NHeLP) 1997 Manual on State and Local Responsibility for Indigent Health Care (NHELP Web site). The "—" signifies that we know of a program's existence, but do not have complete eligibility information for that program.
52. Our survey contains no information on health insurance programs in West Virginia. The National Health Law Program's 1997 Manual on State and Local Responsibility for Indigent Health Care (NHELP Web site) indicates that the state mandates its counties to run several public health services, though services vary by county.
53. This information is for Vermont's GA-Medical program.
54. Only limited services are covered under Vermont's GA-Medical program.
55. This information is for Wyoming's state-funded prescription program.
56. Three prescriptions per month and access to oxygen containers are available to recipients of Wyoming's prescription program.

TABLE 14 *State Health Insurance Programs for Families with Children*

State	Limited Populations	Qualified Immigrants Ineligible		Sponsor-Deeming Imposed[1]	Coverage Less Than Medicaid	Duration of Assistance Is Limited	Residency Requirement	Naturalization Requirement
		Pre-enactment	Post-enactment					
California[2]				X[3]		X[4]	[5]	
New York[6]	X[7]							
Texas	No state health insurance program that serves families with children.							
Florida[8]	X[9]				X[10]			
New Jersey[11]	X[12]		X[13]	X[14]	X[15]	X[16]		X[17]
Illinois[18]			X[19]		X[15]			
Arizona	No state health insurance program that serves families with children.							
Massachusetts[20]	X[21]							
Maryland	No state health insurance program that serves families with children.							
Virginia	No state health insurance program that serves families with children.							
Washington[22]	X[23]			X[24]	X[15]			
Michigan[25]	—	—	—	—	X	—	—	—
Pennsylvania[26]				[27]	X[15]	X[28]		
Colorado[29]	X[30]				X[31]			
Oregon	No state health insurance program that serves families with children.							
Connecticut[32]				X[33]	X[15]		X[34]	X[35]
Georgia	No state health insurance program that serves families with children.							
North Carolina	No state health insurance program that serves families with children.							
Minnesota[36]	X[37]			X	X[15]		X[38]	
Nevada	Health insurance program is not statewide. State mandates counties to provide assistance; eligibility rules vary by county.							
Hawaii	No state health insurance program that serves families with children.							
Ohio	No state health insurance program that serves families with children.							
Wisconsin[39]	No state health insurance program that serves families with children.[40]							
New Mexico	No state health insurance program that serves families with children.							
Missouri	X[41]				X[15]			
Utah[42]			X[43]		X[44]			
Louisiana	No state health insurance program that serves families with children.							
Rhode Island	No state health insurance program that serves families with children.							
Kansas	No state health insurance program that serves families with children.							
Oklahoma	Information about health insurance programs is not available for this state.							
Alabama	No state health insurance program that serves families with children.							
Idaho	No state health insurance program that serves families with children.							
Tennessee	No state health insurance program that serves families with children.							
District of Columbia	No state health insurance program that serves families with children.							
Indiana	No state health insurance program that serves families with children.							
Iowa	X[45]				X[46]		X[47]	
Nebraska	No state health insurance program that serves families with children.							
Arkansas	No state health insurance program that serves families with children.							
Mississippi	No state health insurance program that serves families with children.							
Kentucky	No state health insurance program that serves families with children.							
Delaware	No state health insurance program that serves families with children.							
New Hampshire[48]	X[49]	(not available)	(not available)		X[15]			
Maine[50]				X	X[44]			
Alaska[51]					X[44, 52]			
South Carolina[53]	—	—	—	—	X	—	—	—
West Virginia[54]	No state health insurance program that serves families with children.							
Vermont[55]					X[56]			
Wyoming[57]					X[58]			
Montana	No state health insurance program that serves families with children.							
South Dakota	No state health insurance program that serves families with children.							
North Dakota	No state health insurance program that serves families with children.							

Notes: All data presented above were current as of summer/fall 1998, unless otherwise noted.

1. Unless otherwise noted, sponsor-deeming, for immigrants entering under the new affidavit of support, will be imposed until the immigrant naturalizes or meets the 40-quarter exemption.

2. California law mandates counties to provide General Relief (GR), including medical assistance, to needy persons who do not qualify for federally funded assistance. The state sets minimum standards for the program, including minimum grant levels and eligibility rules. Specific program eligibility rules and services vary by county. Immigrant eligibility for the program, however, is standard statewide. The information presented is for Los Angeles County, which represents 61 percent of the *(continued)*

Notes from table 14, continued

state's GR caseload. Only GR cash recipients are eligible for the GR Health Plan in Los Angeles.
3. Deeming in Los Angeles County lasts for three years, even for those immigrants entering under the new affidavit of support.
4. Assistance for "employables" in Los Angeles County is available for 5 months out of any 12-month period.
5. In Los Angeles County, GR recipients must have lived in the county for at least 15 days.
6. This information is for New York's Child Health Plus program.
7. Children ages 0 to 18 are eligible for Child Health Plus in New York, but their parents are ineligible.
8. This information is for Florida's Healthy Kids and Children's Medical Services (CMS) programs.
9. Children ages 0 to 19 are eligible for CMS and children ages 5 to 19 are eligible for Florida Healthy Kids, but their parents are ineligible.
10. Services provided under Florida's CMS program are comparable to Medicaid. Services provided under Florida Healthy Kids are slightly less comprehensive than those provided under Medicaid.
11. This information is for New Jersey's Charity Care and General Assistance (GA)-Medical programs.
12. In New Jersey's GA-Medical program, only emancipated minors (at least 16 years old) are eligible. Children and their parents are eligible for Charity Care.
13. Post-enactment qualified immigrants are eligible for the Charity Care program (because the state does not verify immigrant status in this program). Post-enactment qualified immigrants, however, are ineligible for New Jersey's GA-Medical program.
14. Sponsor-deeming is not imposed on the Charity Care program. Deeming is imposed for three years on New Jersey's GA-Medical program.
15. State program provides a comprehensive range of services, including both inpatient and outpatient care, but less coverage than Medicaid does. These programs may also provide other services.
16. There is no time limit on New Jersey's Charity Care program. Noncitizens who are eligible to naturalize are limited to six months of assistance under New Jersey's GA-Medical program. Citizens are limited to five years.
17. Noncitizens who are eligible to naturalize must do so within six months to retain GA-Medical assistance in New Jersey. According to U.S. law, to be eligible to naturalize legal permanent residents married to U.S. citizens must have lived in the United States for at least three years and all other legal permanent residents must have lived in the United States for five years. If immigrants do not naturalize within six months of first receiving GA benefits, they will be declared ineligible for GA. Immigrants are not terminated from GA, however, if they completed a naturalization application and were unable to naturalize solely because of an Immigration and Naturalization Service (INS) backlog in processing applications.
18. Illinois' state law requires all local units to run GA-Medical programs. This information is for the city of Chicago and approximately 60 other localities that receive state funds and follow state guidelines. Approximately 1,400 localities do not receive state funds and set their own benefit and eligibility rules.
19. Post-enactment immigrants are eligible for Illinois' state-funded programs only after a five-year bar.
20. This information is for Massachusetts' Children's Medical Security Plan.
21. Children ages 0 to 18 are eligible for the Children's Medical Security Plan in Massachusetts, but their parents are ineligible.
22. Washington has three key programs providing health care for uninsured families with children. These programs are the Basic Health plan, Children's Health program, and the Medically Indigent program.
23. In Washington, children ages 0 to 18 are eligible for the Children's Health program. Children and their parents are eligible for the Basic Health Plan and the Medically Indigent program. In addition, pregnant women in their first two trimesters and unattached children living with a guardian are eligible for medical assistance under the GA-Unemployable program.
24. Although Washington has decided to impose sponsor-deeming on these programs, deeming is not currently being implemented because the state has not decided how to implement it.
25. Our survey contains no information on health insurance programs in Michigan. This information is for Michigan's State Medical program, taken from Lipson, et al., 1997. The "—" signifies that we know of a program's existence, but do not have complete eligibility information for that program.
26. This information is for Pennsylvania's General Assistance Medical Assistance program.
27. Currently, sponsor-deeming is not being imposed, although Pennsylvania is considering implementing it.
28. In Pennsylvania, assistance is available for only nine months in a lifetime to persons unemployable because of active participation in drug and alcohol treatment programs.
29. This information is for Colorado's Indigent Care Program (CICP) and Children's Basic Health Plan (CBHP).
30. Children ages 0 to 18 are eligible for CBHP, but their parents are ineligible. Children and their parents are eligible for CICP.
31. Services provided under CBHP are comparable to those provided under Medicaid. The CICP provides less comprehensive services, covering inpatient and outpatient services at hospitals and clinics.
32. This information is for Connecticut's GA-Medical program.
33. Sponsor-deeming will be imposed for three years, for all immigrants including those entering under the new affidavit of support, if allowed by Connecticut's attorney general. Before federal welfare reform, the state Supreme Court declared sponsor-deeming unconstitutional for GA medical. It remains to be seen if welfare reform will negate this court decision.
34. All noncitizens must have lived in Connecticut for six months to be eligible for GA-Medical. There is no similar requirement for citizens on this program.
35. Noncitizens receiving GA-Medical in Connecticut must verify contact with the INS regarding naturalization to receive benefits.
36. This information is for Minnesota's GA-Medical Care program and the Minnesota Care program.
37. Only unattached children and emancipated minors are eligible for Minnesota's GA-Medical Care program. Children and their parents are eligible for Minnesota Care.
38. The residency requirement applies only to the Minnesota Care program. Recipients must have lived in the state six months before applying.
39. There is no state mandate that counties must run health insurance programs in Wisconsin. Counties opting to run medical assistance programs, however, can cover 50 percent of their program costs with state funds from the state's medical block grant program. In addition, counties can receive state funds from this block grant only for nonmedical programs (such as cash assistance) if they also run medical assistance programs. States with medical and nonmedical programs can recoup up to 40 percent *(continued)*

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Notes from table 14, continued

of the costs for their nonmedical programs from the state.
40. However, unattached children are eligible for GA-Medical assistance in New Mexico. Benefits and eligibility vary by county.
41. Only emancipated minors are eligible for GA (and GA-Medical services) in Missouri.
42. This information is for Utah's Medical Assistance Program.
43. Post-enactment qualified immigrants are eligible for assistance in Utah only after a five-year bar.
44. State program provides a limited range of services including only inpatient or emergency services.
45. Children ages 0 to 21 are eligible for Iowa's health programs, but their parents are ineligible.
46. Limited services are provided under Iowa's health insurance program.
47. To be eligible to receive health services in Iowa, an applicant must have lived in the same county for at least six weeks.
48. This information is for New Hampshire's Healthy Kids program.
49. Only children are eligible for New Hampshire's Healthy Kids program.
50. This information is for Maine's GA-Medical program.
51. This information is for Alaska's Chronic and Acute Medical Assistance (CAMA) program or GR-Medical component.
52. Pregnancy-related services are not covered under CAMA although these services were covered under Alaska's old GR-Medical program (CAMA's precursor).
53. Our survey contains no information on health insurance programs in South Carolina. This information is for the Medically Indigent Assistance program, taken from the National Health Law Program's (NHeLP) 1997 Manual on State and Local Responsibility for Indigent Health Care (NHeLP Web site). The "—" signifies that we know of a program's existence, but do not have complete eligibility information for that program.
54. Our survey contains no information on health insurance programs in West Virginia. The National Health Law Program's 1997 Manual on State and Local Responsibility for Indigent Health Care (NHeLP Web site) indicates that the state mandates its counties to run several public health services, though services vary by county.
55. This information is for Vermont's GA-Medical program.
56. Limited services are covered under Vermont's GA-Medical program.
57. This information is for Wyoming's state-funded prescription program.
58. Three prescriptions per month and access to oxygen containers are available to recipients of Wyoming's prescription program.

TABLE 15 *State Health Insurance Programs for Employable Adults without Children*

State	Qualified Immigrants Ineligible		Sponsor-Deeming Imposed[1]	Coverage Less Than Medicaid	Duration of Assistance Is Limited	Residency Requirement	Naturalization Requirement
	Pre-enactment	Post-enactment					
California[2]			X[3]		X[4]	[5]	
New Jersey[6]		X[7]	X[8]	X[9]	X[10]		X[11]
Washington[12]			X[13]	X[9]			
Pennsylvania[14]			[15]	X[9]	X		
Minnesota[16]			X	X[9]		X[17]	
Utah[18]		X[19]		X[20]			
Maine[21]			X	X[20]			
Alaska[22]				X[20,23]			
South Carolina[24]	—	—	—	X		—	—
Vermont[25]				X[26]			
Wyoming[27]				X[28]			

Notes: All data presented above were current as of summer/fall 1998, unless otherwise noted.

1. Unless otherwise noted, sponsor-deeming, for immigrants entering under the new affidavit of support, will be imposed until the immigrant naturalizes or meets the 40-quarter exemption.
2. California law mandates counties to provide General Relief (GR), including medical assistance, to needy persons who do not qualify for federally funded assistance. The state sets minimum standards for the program, including minimum grant levels and eligibility rules. Specific program eligibility rules and services vary by county. Immigrant eligibility for the program, however, is standard statewide. The information presented is for Los Angeles County, which represents 61 percent of the state's GR caseload. Only GR cash recipients are eligible for the GR Health Plan in Los Angeles County.
3. In Los Angeles County, deeming applies for only three years, even for immigrants entering under the new affidavit of support.
4. Assistance for "employables" in Los Angeles County is available for 5 months out of any 12-month period.
5. In Los Angeles County, GR recipients must have lived in the county for at least 15 days.
6. This information is for New Jersey's Charity Care and General Assistance (GA)-Medical programs.
7. Post-enactment qualified immigrants are eligible for the Charity Care program (because the state does not verify immigrant status in this program). Post-enactment qualified immigrants, however, are ineligible for New Jersey's GA-Medical program.
8. Sponsor-deeming is not imposed on the Charity Care program. Deeming is imposed for three years on New Jersey's GA-Medical program.
9. State program provides a comprehensive range of services, including both inpatient and outpatient care, but less coverage than Medicaid. These programs may also provide other services.
10. There is no time limit on the Charity Care program. Noncitizens who are eligible to naturalize are limited to six months of assistance under New Jersey's GA-Medical program. Citizens are limited to five years.
11. Immigrants who are eligible to naturalize must do so within six months to retain GA-Medical assistance in New Jersey. According to U.S. law, to be eligible to naturalize legal permanent residents married to U.S. citizens must have lived in the United States for at least three years and all other legal permanent residents must have lived in the United States for five years. If immigrants do not naturalize within six months of first receiving GA-Medical benefits, they will be declared ineligible for GA. Immigrants are not terminated from GA, however, if they have completed a naturalization application and were only unable to naturalize solely because of an Immigration and Naturalization Service (INS) backlog in processing applications.
12. This information is for Washington's Medically Indigent program and Basic Health Plan.
13. Although Washington has decided to impose sponsor-deeming on these programs, deeming is not currently being implemented because the state has not decided how to implement it.
14. This information is for Pennsylvania's GA-Medical program.
15. Currently, sponsor-deeming is not being imposed, although Pennsylvania is considering implementing it.
16. This information is for the Minnesota Care program.
17. All applicants for Minnesota Care must have lived in the state for at least six months.
18. This information is for Utah's Medical Assistance program.
19. Post-enactment qualified immigrants are eligible for assistance in Utah only after a five-year bar.
20. State program provides a limited range of services including only inpatient or emergency services.
21. This information is for Maine's GA-Medical program.
22. This information is for Alaska's Chronic and Acute Medical Assistance (CAMA) program or GR-Medical component.
23. Pregnancy-related services are not covered under CAMA although these services were covered under Alaska's old GR-Medical program (CAMA's precursor).
24. Our survey contains no information on health insurance programs in South Carolina. This information is for the Medically Indigent Assistance program, taken from the National Health Law Program's (NHeLP) 1997 Manual on State and Local Responsibility for Indigent Health Care (NHeLP Web site). The "—" signifies that we know of a program's existence, but do not have complete eligibility information for that program.
25. This information is for Vermont's GA-Medical program.
26. Limited services are covered under Vermont's GA-Medical program.
27. This information is for Wyoming's state-funded prescription program.
28. Three prescriptions per month and access to oxygen containers are available to recipients of Wyoming's prescription program.

TABLE 16 *Unqualified Immigrants' Eligibility for Public Benefits*

State	General Assistance		Medicaid	Health Insurance		Prenatal Care		Long-Term Care	
	PRUCOL eligibility	Undocumented eligibility	PRUCOL eligibility[1]	PRUCOL eligibility	Undocumented eligibility	PRUCOL eligibility	Undocumented eligibility	PRUCOL eligibility	Undocumented eligibility
California			✓	*	*	✓	✓	✓	
New York	✓		✓[2]	✓[3]	✓[3]	✓	✓	✓[4]	
Texas	N/A	N/A		N/A	N/A	✓	✓	✓[5]	
Florida	N/A	N/A		✓[6]	✓[6]				
New Jersey	✓[7]		✓[7]	✓[8]	✓[8]			✓[9]	
Illinois						✓	✓		
Arizona				N/A	N/A				
Massachusetts	✓		✓[10]	✓[11]	✓[11]	✓	✓	✓[12]	
Maryland	✓			✓[13]	✓[13]	✓	✓		
Virginia	N/A	N/A	✓[14]	N/A	N/A	—	—	✓[15]	
Washington	✓		✓[16]	✓[17]	✓[17,18]	✓	✓	✓	
Michigan			✓	—	—	—	—	✓[19]	
Pennsylvania	✓		✓	✓		—	—	✓[20]	
Colorado	✓		✓[21]	✓[22]		✓		✓[23]	
Oregon				N/A	N/A				
Connecticut	✓		✓	✓		N/A	N/A	✓	
Georgia	N/A	N/A		N/A	N/A	✓	✓		
North Carolina	N/A	N/A		N/A	N/A	N/A	N/A		
Minnesota			✓[24]	✓[24]	✓[25]	✓	✓	✓	✓
Nevada	N/A	N/A		*	*	N/A	N/A		
Hawaii	✓			N/A	N/A	✓	✓	✓	
Ohio			✓[26]	N/A	N/A	✓[26]		✓[26]	
Wisconsin	N/A	N/A		*	*	N/A	N/A		
New Mexico				*	*	—	—	Undecided	Undecided
Missouri	✓		✓	✓[27]		✓	✓		
Utah						N/A	N/A	—	—
Louisiana	N/A	N/A		N/A	N/A	N/A	N/A		
Rhode Island			✓	N/A	N/A	✓	✓	—	—
Kansas						N/A	N/A		
Oklahoma	N/A	N/A		N/A	N/A	N/A	N/A	✓	
Alabama	N/A	N/A		N/A	N/A	N/A	N/A	—	—
Idaho	*	*		N/A	N/A	N/A	N/A		
Tennessee	N/A	N/A		N/A	N/A	N/A	N/A	✓	
District of Columbia				N/A	N/A	—	—	—	—
Indiana	*	*		N/A	N/A	N/A	N/A		
Iowa	*	*		✓[27]	✓[27]	✓	✓		
Nebraska				*	*	N/A	N/A		
Arkansas	N/A	N/A		N/A	N/A	N/A	N/A	✓[28]	
Mississippi	N/A	N/A	✓[29]	N/A	N/A	N/A	N/A	✓[30]	
Kentucky	N/A	N/A		N/A	N/A	✓	✓		
Delaware			✓	N/A	N/A	✓		✓[31]	
New Hampshire	*	*		—	—	✓	✓		
Maine	✓		✓			✓		✓	
Alaska	✓		* ✓[32]	✓		N/A	N/A	✓[33]	
South Carolina	N/A	N/A		—	—	—	—	—	—
West Virginia	N/A	N/A		*	*	—	—	—	—
Vermont	✓			✓		✓	✓		
Wyoming	N/A	N/A		✓[34]	✓	✓	✓		
Montana	N/A	N/A		N/A	N/A	N/A	N/A	✓[35]	
South Dakota	N/A	N/A		*	*				
North Dakota	N/A	N/A	✓[36]	N/A	N/A	N/A	N/A	✓[37]	

Notes:

✓ = Benefits provided to this group

— = No information available

* = State mandates counties to run program, but unqualified immigrant eligibility varies by county

N/A = Program does not exist in this state

PRUCOL = Permanently Residing Under Color of Law

All data presented above were current as of summer/fall 1998, unless otherwise noted.

Health insurance programs are state- and/or county-funded health programs providing primary health care. (continued)

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Notes from table 16, continued

to low-income individuals and families. These programs include medical components of state General Assistance (GA) programs and other state assistance programs. Only programs that are operated statewide are included. In addition, we included state children's health programs that were operational before federal welfare reform, even if these programs now use federal Children's Health Insurance Program funds. See tables 13 to 15 for eligibility and other information on these programs. State GA programs include statewide programs providing cash or in-kind assistance to low-income populations not eligible for federal assistance. These programs are also state- and/or county-funded. In some categories, states may have more than one applicable program. In these instances, conflicting immigrant eligibility information is always noted in the footnotes.

1. All immigrants previously considered PRUCOL for Medicaid are eligible, unless otherwise noted.
2. In New York, only immigrants who were receiving Medicaid and living in a residential health facility licensed, operated, or funded by the Office of Mental Health, the Office of Mental Retardation, or the Office of Developmental Disabilities as of 8/4/97 are eligible. In addition, immigrants who were receiving Medicaid and were diagnosed with AIDS as of 8/4/97 are eligible.
3. Only children are eligible for New York's health insurance program (Child Health Plus).
4. Only those PRUCOL immigrants receiving long-term care as of 8/22/96 remain eligible in Texas.
5. Only children are eligible for Florida's Healthy Kids program.
6. Only pre-enactment PRUCOLs are eligible for General Assistance (GA) in New Jersey. The state is considering making those unqualified immigrants who were previously considered PRUCOL ineligible for GA because they are not eligible for naturalization (and cannot fulfill the state's six-month naturalization requirement).
7. In New Jersey, only immigrants who were living in a nursing facility as of 1/16/97 are eligible for state-funded Medicaid.
8. New Jersey has two health insurance programs: Charity Care and GA-Medical. There is no verification of immigrant status in the Charity Care program. Therefore, all immigrants, including the undocumented, receive assistance. Only pre-enactment PRUCOL immigrants are eligible for the GA-Medical program.
9. In New Jersey, only those PRUCOL immigrants living in a nursing facility as of 1/16/97 remain eligible.
10. Massachusetts' definition of PRUCOL is broader than the old federal definition for Medicaid. The state's definition includes all immigrants who have been granted some kind of immigration status (other than nonimmigrant status), have a formal Immigration and Naturalization Service (INS) application for status pending, or have proof that INS knows they are in the country and is not planning to deport them.
11. Only children are eligible for Massachusetts' Children's Medical Security Plan.
12. Only the following PRUCOL immigrants are eligible in Massachusetts: (1) those in long-term care facilities as of 6/30/97; (2) those receiving Medicaid as of 6/30/98; and (3) those with an application pending for long-term care as of 7/1/97.
13. This information is for Maryland's Pharmacy Assistance program, which provides prescriptions for Maryland GA recipients.
14. In Virginia, only PRUCOL immigrants who were receiving long-term care on 6/30/97 and PRUCOL children (under age 19) are eligible for state-funded Medicaid.
15. Only those PRUCOL immigrants who were already receiving long-term care on 6/30/97 remain eligible in Virginia.
16. Post-enactment PRUCOL immigrants are subject to a one-year residency requirement in Washington.
17. This information is for four Washington programs: GA-Unemployed (GA-U), the Children's Health Program, the Medically Indigent program, and the Basic Health Plan.
18. Undocumented immigrants are not eligible for Washington's GA-U program.
19. Only those PRUCOL immigrants who were receiving long-term care on 8/22/96 remain eligible for the state program.
20. Colorado's definition of PRUCOL is broader than the old federal definition for Medicaid. The state's definition includes all immigrants with actual or prospective permanent residence or whose physical presence in the United States is known and allowed by the INS. Only immigrants receiving nursing facility or home- and community-based services as of 7/1/97 are eligible for state-funded Medicaid.
21. This information is for Colorado's Old Age Pension and Colorado Indigent Care programs.
22. In Colorado, only those PRUCOL immigrants who were receiving long-term care as of 7/1/97 remain eligible.
23. Minnesota's definition of PRUCOL is broader than the old federal definition for Medicaid and includes all immigrants except nonimmigrants and the undocumented.
24. This information is for Minnesota's GA Medical Care and Minnesota Care programs. Undocumented immigrants are not eligible for Minnesota Care. Only those undocumented immigrants who are under age 18, over age 65, or disabled are eligible for GA-Medical.
25. Only pre-enactment PRUCOLs are eligible for the state program.
26. This information is for Missouri's GA-Medical program.
27. In Iowa, only children ages 0 to 21 are eligible for the Physician Diagnosis and Treatment program.
28. In Mississippi, only PRUCOL immigrants who were receiving Medicaid as of 8/22/96 remain eligible.
29. In Delaware, PRUCOL immigrants were denied long-term care between 1/1/97 and 6/30/97.
30. This information is for Wyoming's state-funded prescription program.

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TABLE 17 *State Naturalization Initiatives*

State	State/Local	Funding	Selected Services	Target Populations
California	State and local (multiple counties)	State: $2,000,000 (FY98)	State: ESL, civics instruction Local: Outreach, ESL, civics instruction	No specific target population
New York	State and local (New York City)	State: $2,500,000[1] (FY98) New York City: $10,000,000[1]	State: ESL, civics instruction, citizenship application assistance, home-bound services, transportation New York City: General naturalization services	State: Former federal food stamps recipients New York City: No specific target population
Florida	State	$2,000,000 (FY98)	ESL, civics instruction, citizenship application assistance	No specific target population
New Jersey	State	$4,000,000[3] (FY97)	ESL, civics instruction, citizenship application assistance, legal assistance, interpretation, home visits, transportation	Former SSI or federal food stamps recipients or applicants
Illinois[4]	State	$1,500,000 (FY97)	ESL, civics instruction, citizenship application assistance	Elderly and disabled former federal benefit recipients
Massachusetts	State	$2,000,000 (FY98)	ESL, civics instruction, citizenship application assistance, legal assistance	State benefit recipients who will be eligible to naturalize within three years
Maryland	State	$75,000[5] (FY98)	ESL, civics instruction	Elderly immigrants and refugees
Washington	State and local (Seattle)	State: $1,500,000 (FY98) Seattle: $250,000 (FY98)	State: ESL, civics instruction, transportation, reimbursement of INS fee, cost of fingerprints and photographs Seattle: civics instruction, legal education	State: Former federal food stamps and SSI recipients Seattle: Elderly, disabled, and "at-risk" immigrants (at risk of losing benefits)
Minnesota	State	$1,000,000 (FY98)	Civics instruction, community outreach	No specific target population
Wisconsin	Local (Dane County)	$10,000 (FY97)	Citizenship training	Refugees
Rhode Island	State	$389,000 (FY98)	ESL, civics instruction	All low-income immigrants who receive federal or state benefits or are at risk of receiving benefits

Notes: FY = fiscal year; ESL = English-as-a-second-language; SSI = Supplemental Security Income; INS = Immigration and Naturalization Service

All data presented above were current as of summer/fall 1998, unless otherwise noted.

Pennsylvania has authorized, but not yet implemented, a citizenship services initiative that will serve refugees and lawfully admitted aliens who have lost or are at risk of losing federally funded benefits.

1. The federal Office of Refugee Resettlement (ORR) program appropriated $1.764 million for naturalization activities in New York (for 3/31/98 to 3/30/99), while the Emma Lazarus Fund gave an additional $1.5 million.

2. Erie County appropriated $65,000 for a naturalization initiative in 1998.

3. Originally New Jersey appropriated $2 million for naturalization activities; an additional $2 million was later appropriated (in July 1997) to expand the target population for the campaign. These state funds must be evenly matched by nonprofit organizations participating in the campaign (either directly or through in-kind services).

4. Illinois' naturalization program was in place before federal welfare reform. Funding for the state's naturalization program increased following welfare reform.

5. Maryland will use several other funding sources to pay for naturalization services as well, including $235,000 in federal ORR funds. For FY 1999, the state is again appropriating $75,000 and the governor has agreed to match approximately $100,000 that the Soros Foundation awarded to community organizations.

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TABLE 18 *Availability of State Safety Nets to Immigrants*

Safety Net Availability[1]	Noncitizen Population[2]	Existing Safety Net Strength[3]	Per Capita Income[4]	Budget Surplus[5]
Most Available				
California	5	3	2	1
Illinois	4	1	3	1
Maine	1	3	1	1
Maryland	3	3	3	2
Massachusetts	4	3	3	1
Missouri	2	2	2	1
Nebraska	1	2	2	4
Rhode Island	2	3	2	1
Washington	3	4	2	1
Somewhat Available				
Connecticut	3	3	4	1
Florida	5	1	2	2
Hawaii	3	4	2	1
Minnesota	3	3	2	4
New Jersey	4	3	3	2
New York	5	3	3	1
Oregon	3	2	2	4
Pennsylvania	3	3	2	1
Vermont	1	4	2	1
Wisconsin	2	3	2	1
Less Available				
Alaska	1	2	2	(no information)
Arizona	4	2	1	3
Colorado	3	2	2	2
Delaware	1	1	3	4
District of Columbia	1	1	4	(no information)
Georgia	3	2	2	2
Iowa	1	2	2	4
Kansas	2	2	2	3
Kentucky	1	1	1	2
Michigan	3	3	2	3
Montana	1	1	1	1
Nevada	3	1	2	3
New Hampshire	1	4	3	1
New Mexico	2	2	1	1
North Carolina	3	1	2	2
North Dakota	1	2	1	3
Tennessee	1	1	2	1
Utah	2	2	1	1
Virginia	3	1	2	1
Wyoming	1	1	1	2
Least Available				
Alabama	1	1	1	1
Arkansas	1	1	1	1
Idaho	1	1	1	1
Indiana	1	2	2	4
Louisiana	2	1	1	1
Mississippi	1	1	1	2
Ohio	3	1	2	2
Oklahoma	1	2	1	3
South Carolina	1	2	1	3
South Dakota	1	2	1	1
Texas	5	1	2	2
West Virginia	1	1	1	2

Notes:

1. States are grouped into four categories representing the availability of their safety nets to immigrants. See appendix B of this report for details on the point assignment used to group states.
2. States were grouped into five categories representing the size of their noncitizen populations.

(continued)

Notes from table 18, continued

States with the largest noncitizen populations are in group 5; those with the smallest noncitizen populations are in group 1. Source: Urban Institute tabulations of the Current Population Survey, using a three-year average of March 1995 to March 1997 where 1996 is the center year. Data were adjusted by Jeffrey Passel of the Urban Institute to correct for misreporting of citizenship.

3. Strength of the state's existing safety net was measured using a scale of state generosity in TANF and Medicaid programs. States with statewide General Assistance and health insurance programs were awarded extra points. Medicaid generosity was ranked according to standards developed by Shruti Rajan of the Urban Institute. States with the strongest existing safety nets are in group 4; states with the weakest existing safety nets are in group 1.

4. States with the highest per capita incomes are in group 4; states with the lowest per capita incomes are in group 1. Source: U.S. Department of Commerce, October 1998.

5. State budget surplus as a percentage of the state's general fund expenditures was used for this measure. States with the largest budget surpluses (as a percentage of their expenditures) are in group 4; states with the smallest budget surpluses are in group 1. Source: National Governors' Association and the National Association of State Budget Officers, May 1998.

Appendix A: General Assistance Benefit Levels and Time Limits

TABLE A1 *SSI and GA for Elderly or Disabled Individuals: Monthly Benefit Levels by State*

State	Average Monthly Federal SSI Payment and State Supplementary Payment to Individuals, December 1997[1]	Maximum Monthly GA Benefit to Individuals, August 1998[2]
California	$457.00	$221.00 (Los Angeles County)
New York	409.00	352.00 (New York City)
New Jersey	363.00	210.00
Illinois	336.00	100.00 (City of Chicago)
Arizona	343.00	173.00[3]
Massachusetts	327.00	339.00[4]
Maryland	349.00	113.00
Washington	381.00	339.00
Michigan	(not available)	246.00[5]
Pennsylvania	401.00	215.00[6]
Colorado	281.00	378.00[7]
Oregon	(not available)	298.00
Connecticut	329.00	350.00
Minnesota	304.00	203.00
Hawaii	380.00	379.00[8]
Ohio	375.00	200.00[9]
New Mexico	325.00	231.00
Missouri	325.00	80.00[10]
Utah	352.00	261.00
Rhode Island	360.00	200.00
Kansas	336.00	196.00[11]
Nebraska	273.00	645.00[12]
Delaware	332.00	123.00
Maine	(not available)	387.00[13]
Alaska	(not available)	321.00[14]
Vermont	328.00	404.00[15]
MEDIAN	**339.50**	**238.50**
AVERAGE	**348.45**	**267.85**

Notes: SSI = Supplemental Security Income; GA = General Assistance

1. Source: *Social Security Bulletin, Annual Statistical Supplement,* Social Security Administration, table 7.B1—Number of persons receiving federally administered payments and total annual amount by category, 1997. Table 7.B2—Number of persons receiving state-administered supplementation and total amount of payments, by category and state, 1997. Table 7.B7—Total amount, federal payments, and state supplementation, calendar year 1997. SSI benefit levels for 1998 (including State Supplementary Payments) were unavailable as of February 1999.
2. GA benefit levels represent the maximum monthly benefit level for elderly or disabled individuals. Benefit levels may vary according to each individual's nonexempt income levels.
3. If the recipient is not renting housing, the maximum monthly benefit level is $108.
4. If the recipient lives in public housing, the maximum monthly benefit level is $304.
5. The maximum monthly benefit level is $40 if the recipient is not living independently.
6. This is the benefit level for the counties in the state with the highest cost of living.
7. The maximum monthly benefit level for the state's GA program, Aid to the Needy Disabled, is $229. The maximum monthly benefit level for the state's Old Age Pension program is $526. The benefit listed is an average of these two programs' maximum benefit levels.
8. The maximum monthly benefit level for the state's Aged, Blind, and Disabled program is $418. The benefit level for the state's General Assistance program is $340. The benefit listed is an average of these two programs' maximum benefit levels.
9. The maximum monthly individual benefit is $200 for pre-enactment immigrants who are ineligible for SSI; the maximum benefit for all other recipients is $115.
10. The maximum monthly benefit for the Blind Pension component of Missouri's GA program if the individual is not receiving SSI or Supplemental Aid to the Blind (SAB) benefits is $390. Individuals receiving SSI or SAB payments are ineligible for Blind Pension.
11. The state has four different benefit maximums, which vary by the cost of living in each county. The majority of GA recipients receive the benefit maximum listed.
12. This information is for Nebraska's State Disability Program. In addition, the state mandates counties to provide GA; however, program eligibility (including benefit levels) varies by county.
13. Maximum monthly benefit levels vary by county (from $333 to $487 per month). This is the average maximum benefit level.
14. Alaska has two GA programs that serve elderly and disabled individuals. The Interim Assistance *(continued)*

Notes from table A1, continued

program provides a maximum monthly cash grant of $280 for individuals (living independently) awaiting an SSI determination. Only immigrants who are eligible for SSI are eligible for this assistance. Some immigrants who are no longer eligible for SSI are eligible for the Adult Public Assistance program. This program provides a maximum monthly benefit of $362 for an individual. The benefit listed is an average of these two programs' maximum benefit levels.

15. The maximum monthly benefit in Chittender. County (only) is $449

TABLE A2 *TANF and GA for Families and Children: Monthly Benefit Levels by State*

State	Maximum Monthly TANF Benefit Level, January 1998[1]	Maximum Monthly GA Benefit Level, August 1998[2]	GA Benefit Level as a Percentage of TANF Benefit Level
Benefits for a Family of Three			
California	$565.00[3]	$431.00 (Los Angeles County)	76.3%
New York	577.00[4]	577.00 (New York City)	100.0
Illinois	377.00[5]	377.00 (City of Chicago)	100.0
Massachusetts	565.00[6]	522.00[7]	92.4
Pennsylvania	421.00	421.00[8]	100.0
Connecticut	636.00	500.00[9]	85.4
New Mexico	389.00	389.00	100.0
Delaware	338.00	224.00	66.3
Maine	418.00	580.00[8]	139.0
Alaska	923.00	360.00	39.0
Vermont	656.00	597.00[8]	91.0
MEDIAN[10]	**565.00**	**431.00**	**76.3**
AVERAGE[10]	**533.18**	**452.55**	**84.9**
Child-Only Benefits			
New Jersey	162.00	210.00	130.0
Washington	349.00	349.00	100.0
Minnesota	250.00	203.00	81.2
Ohio	216.00	115.00	53.2
Missouri	136.00	80.00	58.8
District of Columbia	239.00	239.00	100.0
MEDIAN	**227.50**	**206.50**	**90.8**
AVERAGE	**225.33**	**199.33**	**88.5**

Notes: TANF = Temporary Assistance for Needy Families; GA = General Assistance

1. Source: Falk, 1998. Benefits are given for a single parent with two children and no income. Maximum benefits are available only for those recipients meeting the work requirements.
2. GA benefit levels represent the maximum monthly benefit level for single parents with two children and no nonexempt income. If only children (emancipated minors or unattached children, e.g.) are eligible for GA benefits in the state, the benefit level represents the maximum monthly benefit for one person with no nonexempt income.
3. This amount is for nonexempt families (families not exempt from the state's work requirements).
4. This amount includes a rent allowance for families with shelter costs. The benefit shown is for "nonexempt" families, who are generally subject to time limits and work requirements. The amount for exempt families is $579.
5. The benefit is $487 if recipients live in public housing.
6. This is the benefit level for the counties in the state with the highest cost of living.
7. The maximum benefit for Region B, which encompasses Bridgeport, Hartford, and New Haven and accounts for 90 percent of Connecticut's GA caseload. The maximum benefit for other areas is $543/month.
8. Benefit levels vary by county. This amount is the average benefit.
9. The benefit level in Chittenden County (only) is $636.
10. Medians and average benefit levels were calculated using county information when state information or averages were unavailable (for California, New York, and Illinois).

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TABLE A3 *SSI and GA for Elderly or Disabled Individuals: Time Limits by State*

State	SSI Duration	GA Program Duration[1]
California	Ongoing	Ongoing for unemployables; employables are limited to 5 months out of any 12-month period.
New York	Ongoing	Ongoing, but cash assistance is limited to 24 months (in-kind benefits are provided afterward).
New Jersey	Ongoing	5 years for citizens; 6 months for noncitizens.
Illinois	Ongoing	Ongoing
Arizona	Ongoing	12 out of 36 months with extensions available for citizens awaiting SSI determination.
Massachusetts	Ongoing	Ongoing
Maryland	Ongoing	12 out of 36 months, or the duration of the medical condition (for persons ineligible for SSI). Assistance for SSI applicants lasts until final SSI determination.
Washington	Ongoing	Ongoing
Michigan	Ongoing	Ongoing
Pennsylvania	Ongoing	Ongoing
Colorado	Ongoing	Ongoing
Oregon	Ongoing	Until final SSI determination with no exemption for immigrants ineligible for SSI.[2]
Connecticut	Ongoing	Ongoing
Minnesota	Ongoing	Ongoing
Hawaii	Ongoing	Ongoing
Ohio	Ongoing	Ongoing
New Mexico	Ongoing	Ongoing
Missouri	Ongoing	Until final SSI determination. Assistance for immigrants no longer eligible for SSI is ongoing.
Utah	Ongoing	Ongoing
Rhode Island	Ongoing	Assistance for SSI applicants lasts until final SSI determination. No exemption for immigrants ineligible for SSI.
Kansas	Ongoing	Ongoing
Nebraska	Ongoing	Interim assistance until final SSI determination or length of disability. Assistance for immigrants no longer eligible for SSI is ongoing.
Delaware	Ongoing	Ongoing
New Hampshire	Ongoing	Ongoing
Maine	Ongoing	Ongoing
Alaska	Ongoing	Ongoing or until final SSI determination.
Vermont	Ongoing	Ongoing

Notes: SSI = Supplemental Security Income; GA = General Assistance

1. There may be some exceptions to the time limits listed. See Gallagher et al., 1999, for details. In addition, for states with more than one GA program, the most generous time limit is listed. See table 10 footnotes for more detailed state information.
2. Oregon, however, has created a new SSI substitute program for immigrants no longer eligible for SSI. See table 9 for details.

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TABLE A4 *TANF and GA for Families and Children: Time Limits by State*

State	TANF[1]		GA
	TANF Duration	Benefit Reduction or Termination	GA Program Duration
Programs Serving Children with Families			
California	60 months (lifetime limit)	Reduction[2]	5 months out of any 12-month period for employables (periodic limit); ongoing for unemployables
New York	60 months (lifetime limit)	Reduction[3]	Ongoing, but cash assistance is limited to 24 months (in-kind benefits are provided afterward)
Illinois	60 months (lifetime limit) and 24 months at a time; re-eligible after 24 months (periodic limit)	Termination	Ongoing
Massachusetts	60 months (lifetime limit) and 24 out of 60 months (periodic limit)	Termination	Ongoing
Pennsylvania	60 months (lifetime limit)	Termination	Ongoing (9-month lifetime limit for drug treatment program participants)
Connecticut	21 months (lifetime limit)	Termination	Ongoing
New Mexico	36 months (lifetime limit)	Termination	Ongoing
Delaware	48 months (lifetime limit)	Termination	Ongoing
Maine	60 months (lifetime limit)	Termination	Ongoing
Alaska	60 months (lifetime limit)	Termination	Ongoing
Vermont	60 months (lifetime limit)	Termination	Ongoing
Programs Serving Children Only			
New Jersey	60 months (lifetime limit)	Termination	60 months for citizens (lifetime limit); 6 months for noncitizens (lifetime limit)
Washington	60 months (lifetime limit)	Termination	Ongoing
Minnesota	60 months (lifetime limit)	Termination	Ongoing
Ohio	36 months (lifetime limit)	Termination	Ongoing
Missouri	60 months (lifetime limit)[4]	Termination	Ongoing
District of Columbia	60 months (lifetime limit)	Termination	Ongoing

Notes: TANF = Temporary Assistance for Needy Families; GA = General Assistance.

1. Source: Gallagher et al., 1998.
2. After family reaches the time limit, the adult portion of the benefit is eliminated but cash assistance is continued for the children in the unit.
3. After family reaches the time limit, a voucher or restricted third-party payment is made for the entire family.
4. Under the Missouri Families Mutual Responsibility Plan, the waiver that is being continued under TANF, the state will deny assistance to an individual who reapplies for benefits after completing a self-sufficiency agreement that the individual entered after July 1997 if he/she received benefits for at least 36 months. Persons who become disabled, have received unemployment compensation since completing their self-sufficiency agreement, or are unemployed through no fault of their own are exempt.

Appendix B: Measuring the Availability of State Safety Nets to Immigrants

To measure the availability of state safety nets to immigrants we assessed 12 separate categories of immigrant eligibility decisions. States were awarded points for having programs in each category. The number of points assigned for each category is based on the approximate number of people affected and the cost to states. For example, states are awarded 10 points when the costs of providing assistance are shared with the federal government and 20 points when the costs of assisting immigrants are borne entirely by the state and/or localities. Points were then deducted to reflect the various state restrictions on immigrants' eligibility for these programs. States were not penalized, however, if they did not have existing state cash and health assistance programs. Instead, the points states accumulated for safety net availability were divided over the total possible points for each state. The total possible points for each program area and the deductions for state restrictions are listed below.

Total Possible Points for Each Category

20 points (maximum) for:

- Creation of a state-funded food program
- Provision of Medicaid to immigrants entering the United States after 8/22/96, during the five-year bar
- Provision of TANF to immigrants entering the United States after 8/22/96, during the five-year bar
- Provision of Supplemental Security Income (SSI) to qualified immigrants not covered under the federal restorations
- Full maintenance of immigrants' eligibility for state's General Assistance (GA) program
- Full maintenance of immigrants' eligibility for state's health insurance program

10 points (maximum) for:

- Provision of Medicaid to immigrants in the United States before 8/22/96
- Provision of Temporary Assistance for Needy Families (TANF) to immigrants in the United States before 8/22/96
- Provision of Medicaid to immigrants entering the United States after 8/22/96, following the five-year bar
- Provision of TANF to immigrants entering the United States after 8/22/96, following the five-year bar
- Creation of state naturalization initiative

5 points for:

- Provision of Medicaid to persons Permanently Residing Under Color of Law (PRUCOLs) not considered qualified immigrants

State Point Assignments by Program Area

1. Creation of state food program (20 points, maximum)

Deductions for:

Partial population replacements: Several states provide benefits only to a subset of those immigrants who were eligible for food stamps before welfare reform. These states lose points based on how restrictive their food program is:

Partial replacement for children, the elderly (age 65 or older), the disabled (individuals receiving SSI or who are mentally or physically incapacitated), GA recipients who are unemployable, and immigrant parents of children receiving food stamps = –2

Partial replacement for children, the elderly (age 60 or older), and the disabled = –3

Partial replacement for children, the elderly (age 65 or older), and the disabled = –3.5

Partial replacement for children and the elderly (age 65 or older) = –4

Partial replacement for the elderly (over age 65) and the disabled (under age 65 and receiving SSI) = –4

Partial replacement for children = –5

Partial replacement for families with children receiving TANF or Family GA = –5

Date of entry or receipt requirements: Several states provide benefits only to a subset of immigrants who were residing in the United States or receiving benefits on a given date. These states lose points based on how restrictive their substitute program is:

No post-enactment immigrants are eligible = –5

Only post-enactment immigrants whose sponsors are abusive, disabled, or deceased are eligible = –2.5

No pre-enactment immigrants (those in the U.S. on 8/22/96) who were not receiving food stamps as of 8/22/96 are eligible = –3

No pre-enactment immigrants (those in the U.S. on 8/22/96) who did not receive food stamp benefits at any time from 9/96 to 8/97 are eligible = –2

Partial benefit replacement = –2

Deeming for three years = –4

Deeming until citizenship or 40 quarters = –6

Durational residency requirement = –2

Naturalization requirement = –2

2. Provision of Medicaid to immigrants arriving in the United States after 8/22/96, during the five-year bar (20 points, maximum)

Deductions for:

Partial population replacements: Several states provide benefits only to a subset of those immigrants who were eligible for Medicaid before welfare reform. These states lose points based on how restrictive their substitute program is:

Partial replacement for children and pregnant women = –4

Partial replacement for children and immigrants in long-term care facilities on 6/30/97 = –4

Partial replacement for children = –5

Partial replacement = –2

Deeming for three years = –4

Deeming for five years = –5

Deeming until citizenship or 40 quarters = –6

Durational residency requirement = –2

Naturalization requirement = –2

3. Provision of TANF to immigrants arriving in the United States after 8/22/96, during the five-year bar (20 points, maximum)

Deductions for:

Partial replacement for children and pregnant women = –4

Deeming for three years = –4

Deeming for five years = –5

Deeming until citizenship or 40 quarters = –6

Durational residency requirement = –2

Naturalization requirement = –2

4. Provision of state-funded benefits to qualified immigrants currently not covered under the federal SSI restorations (20 points, maximum)

Full population replacements: Coverage for all elderly, nondisabled pre-enactment immigrants and post-enactment qualified immigrants not meeting any of the federal exemptions and all PRUCOLs.

Deductions for:

Partial population replacements: Some states provide benefits only to a subset of those immigrants no longer eligible for SSI. These states lose points based on how restrictive their substitute program is.

Coverage for elderly and disabled, pre-enactment immigrants and post-enactment immigrants after the five-year bar = –4

Coverage for elderly and disabled, pre-enactment immigrants only = –5

Coverage for elderly, nondisabled pre- and post-enactment immigrants = –6

Coverage for elderly, nondisabled pre-enactment immigrants and post-enactment immigrants after the five-year bar = –7

Coverage for elderly, nondisabled pre-enactment immigrants, and elderly and disabled post-enactment immigrants whose sponsors are abusive, disabled, or deceased = –7

Coverage for elderly, nondisabled pre-enactment immigrants only = –8

Partial benefit replacement = –2

Deeming for three years = –3

Deeming until citizenship or 40 quarters = –4

Durational residency requirement = –2

Naturalization requirement = –2

Other requirements = –2

5. Immigrant eligibility for state GA programs (20 points, maximum)

Deductions for:

Immigrants' Eligibility (no deductions if all immigrants, including the undocumented, are eligible):

Undocumented ineligible = –4

PRUCOLs and undocumented immigrants ineligible = –5

PRUCOLs ineligible and post-enactment immigrants ineligible during the five-year bar = –7

Only those post-enactment immigrants living in the state as of 3/1/97 are eligible = –8

All post-enactment immigrants ineligible = –9

Qualified immigrants who are ineligible for SSI and PRUCOLs are ineligible = –12

Only citizens are eligible = –15

Deeming for three years = –4

Deeming for five years = –5

Deeming until citizenship or 40 quarters = –6

Durational residency requirement = –2

Naturalization requirement = –2

6. Immigrant eligibility for state health insurance programs (20 points, maximum)

Deductions for:

Immigrants' Eligibility (no deductions if all immigrants, including the undocumented, are eligible):

Undocumented immigrants ineligible = –4

PRUCOLs and undocumented immigrants ineligible = –5

PRUCOLs ineligible and post-enactment immigrants ineligible during the five-year bar = –7

Post-enactment immigrants during the five-year bar are ineligible = –8

Deeming for three years = –4

Deeming for five years = –5

Deeming until citizenship or 40 quarters = –6

Durational residency requirement = –2

Naturalization requirement = –2

Other requirements = –1.5

7. Provision of Medicaid to immigrants in the United States before 8/22/96 (10 points, maximum)

Deductions for:

Durational residency requirement = –1

8. Provision of TANF to immigrants in the United States before 8/22/96 (10 points, maximum)

Deductions for:

Deeming = –2

Durational residency requirement = –1

Naturalization requirement = –1

Other requirements = –1

9. Provision of Medicaid to immigrants arriving in the United States after 8/22/96, following the five-year bar (10 points, maximum)

Deductions for:

Durational residency requirement = –1

10. Provision of TANF to immigrants arriving in the United States after 8/22/96, following the five-year bar (10 points, maximum)

Deductions for:

Naturalization requirement = –1

Other requirements = –1

11. Creation of State Naturalization Initiative (10 points, maximum)

Deductions for:

Targeted Populations:

Serving only immigrants who lost benefits because of welfare reform = –4

12. Provision of Medicaid to PRUCOLs not considered qualified (5 points, maximum)

Notes

1. P.L. 104-193, August 22, 1996.

2. The Balanced Budget Act of 1997, P.L. 105-33, August 4, 1997. Although benefits were restored to about 420,000 legal immigrants, three groups did not have their eligibility for Supplemental Security Income (SSI) restored: (1) immigrants not receiving SSI on August 22, 1996, who are 65 or older and not disabled; (2) most immigrants entering the United States after August 22, 1996; and (3) immigrants who are "unqualified." (See figure 2 for the definition of unqualified immigrants.) Subsequent legislation restored the eligibility of unqualified immigrants who were receiving SSI as of August 22, 1996.

3. The Agriculture Research, Extension and Education Reform Act of 1998, P.L. 105-185, June 23, 1998. Although benefits were restored to about 225,000 people, the restorations left out several groups of immigrants formerly eligible for food stamps. These groups include (1) working-age adults (both parents and childless adults) who are not disabled and were lawful residents as of August 22, 1996; (2) immigrants lawfully residing in the United States as of August 22, 1996, who were not yet 65 (Eligibility was restored only for those age 65 and older as of August 22, 1996. Therefore, immigrants in the United States as of August 22, 1996, who become elderly are ineligible.); and (3) most immigrants entering the United States after August 22, 1996. See Kelly Carmody and Stacy Dean, "New Federal Food Stamp Restoration for Legal Immigrants: Implications and Implementation Issues," Center on Budget and Policy Priorities, July 1998.

4. The "Fairness for Legal Immigrants Act of 1999" (S. 792/H.R. 1399) introduced by Sen. Daniel Patrick Moynihan and Rep. Sander Levin on April 14, 1999. (1) permit states to extend Medicaid coverage to lawfully present noncitizen children, pregnant women, and persons who are blind or disabled regardless of their date of entry; (2) permit states to provide their state Child Health Insurance Program (CHIP) to lawfully present children regardless of their date of entry; (3) restore SSI eligibility to those who entered the United States after August 22, 1996 and who subsequently became disabled; (4) restore SSI and food stamp eligibility to all qualified immigrants who were in the United States on or before August 22, 1996 (who did not already have their eligibility restored); and (5) expand eligibility for benefits to noncitizens who are victims of domestic violence.

5. The refugee resettlement program (administered by the U.S. Office of Refugee Resettlement), which assists refugees in getting health care, employment, and, if needed, welfare, provides an important exception to the nation's implicit immigrant policy.

6. See Fix and Zimmermann, 1997.

7. See Rothman and Espenshade, 1992; Fix et al., 1994.

8. Survey data were supplemented by information collected through in-person interviews in 13 states (California, New York, Texas, Florida, New Jersey, Massachusetts, Washington, Michigan, Colorado, Minnesota, Wisconsin, Alabama, and Mississippi). The data were collected during 1997 and 1998. Most data were verified with respondents during the summer and fall of 1998 and substantiated by written documentation such as state program manuals, regulations, or state laws. In a few instances, data collected from community advocates is included as well. For the purposes of analysis, the District of Columbia is treated as a state in this report.

9. Information on local programs is available only for selected states because local programs were not a systematic focus of the study.

10. See, for example, Fix, Passel, and Zimmermann, 1996.

11. In the early 1990s Congress temporarily extended the deeming period—the period during which the income of an immigrant's sponsor was deemed available to the immigrant, usually disqualifying the person from benefits—for SSI from three to five years to help fund the Unemployment Insurance program.

12. Fix and Passel, 1999. Much of this decline is attributed to the chilling effects of welfare reform including confusion over eligibility rules and related "public charge" concerns regarding the effects of benefit use on applications for a green card or citizenship.

13. For state data on per capita income and budget balances as a percentage of expenditures, see the supplemental report to this volume, *State Snapshots of Public Benefits for Immigrants: A Supplemental Report to Patchwork Policies*. Income figures are adjusted for inflation using the Consumer Price Index from the *Statistical Abstract of the United States: 1998* (U.S. Department of Commerce, 1998). Budget data are from the "Fiscal Survey of States" (National Governors' Association and the National Association of State Budget Officers, April 1991 and May 1998).

14. See, for example, Magagnini, 1997; Wong, 1997.

15. Fix and Zimmermann, 1998. The Food Research and Action Center and the National Senior Citizens Law Center are two organizations that have worked considerably more on immigrant issues following federal welfare reform. They have collaborated closely with the National Immigration Law Center and other immigrant-focused organizations.

16. McDonnell, 1998.

17. Section 423 of PRWORA, P.L. 104-193, August 1996. The Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) of 1996, P.L. 104-208, September 1996, added a requirement that an immigrant's sponsor(s) have an income equal to at least 125 percent of the federal poverty level. Previously, there was no fixed income requirement for sponsors.

18. Refugees and asylees are exempt from bars on food stamps, SSI, and Medicaid for their first seven years in the United States. They are exempt from bars on Temporary Assistance for Needy Families (TANF) for their first five years in the United States.

19. This, of course, could be considered a very long "work-first" requirement for noncitizens.

20. The noncitizen family members of those who have worked for 10 years and of U.S. military personnel are also exempt.

21. Undocumented immigrants are now eligible for state and local public benefits only if the state affirmatively passes a post-PRWORA (Personal Responsibility and Work Opportunity Reconcilation Act) law to make these immigrants eligible.

22. P.L. 104-193, PRWORA, Section 401(b)(1), August 22, 1996.

23. O'Neal, 1998. Low-income undocumented immigrants, however, have always been ineligible for food stamps. Prior to PRWORA, legal immigrants' eligibility for food stamps was limited by sponsor-deeming during their first three years in the United States.

24. Refugees are exempt from the bars on Temporary Assistance for Needy Families (TANF) and the Children's Health Insurance Program (CHIP) for their first five years in the United States. In effect, most refugees remain eligible for these two programs since the federal law bars post-enactment immigrants only for their first five years in the United States.

25. The Emergency Supplemental Appropriations Act of 1997, P.L. 105-18; IIRIRA, P.L. 104-208.

26. Noncitizen Benefit Clarification and Other Technical Amendments Act of 1998, P.L. 105-306, signed into law on October 28, 1998.

27. H.R. 4, "The Personal Responsibility Act of 1995," as introduced in the U.S. House of Representatives.

28. *Henderson v. New York* and *Chy Lung v. Freeman*.

29. John Higham, "Strangers in the Land: Pattern of American Nativism 1860–1925," Atheneum, New York, 1963. For an excellent analysis of state and federal roles in immigration see also Gerald Neuman, "Strangers to the Constitution," Princeton University Press, Princeton, N.J., 1996.

30. In *Matthews v. Diaz*, 96 S.Ct. 1883 (1976), the Court ruled that it was constitutional for Congress to limit the Medicare eligibility of immigrants in the United States for fewer than five years. In *Graham v. Richardson*, 91 S.Ct. 1848 (1971), the Court ruled that Arizona and Pennsylvania could not deny state-funded welfare benefits to immigrants in those states.

31. The issue was touched upon in a New York lawsuit, *Alvarino v. Wing* (Supreme Court of the State of New York, County of New York, 402791/98), in which the state was sued for providing state food stamps to some, but not all, immigrants who lost federal eligibility. The judge initially issued a temporary restraining order, maintaining benefits for the five named plaintiffs. On December 21, 1998, the judge ruled against the plaintiffs, stating that because Congress explicitly permitted states to provide food assistance to immigrants ineligible for federal food stamps that citizenship status is not a suspect classification. The state may distinguish between groups of noncitizens eligible for benefits for any "reasonable purpose." By targeting limited funds to the most vulnerable populations—children, elderly, and disabled immigrants—the state fulfills this requirement. At the state level, however, two state attorneys general (from Pennsylvania and Hawaii) issued opinions—both within six months after the passage of welfare reform—that Congress cannot delegate this authority. See Ann Morse, Jeremy Meadows, Kirsten Rasmussen, and Sheri Steisel, "America's Newcomers: Mending the Safety Net for Immigrants," National Conference of State Legislatures, April 1998, for a useful discussion of litigation around immigrants and welfare reform.

    In addition, Hiroshi Motomura suggests that the Supreme Court's 1976 decision to strike down the Civil Service Commission regulation requiring federal civil service employees to be citizens (*Hampton v. Mow Sun Wong*, 426 U.S. 88 (1976)), raises questions about whether the federal government can delegate its authority to adopt alienage classifications to other institutions, including states. See Motomura, 1997.

32. Chemerinsky, Erwin, "Memorandum on the Constitutionality of Section 411(d) of H.R. 3734," September 1996.

33. Immigration and Naturalization Service, 1998.

34. The law did, however, include an important exception from the verification requirements for nonprofit, charitable organizations. It is unclear how this exception will be implemented, however, because it sets up an inherent conflict—unqualified immigrants are barred from federal public benefits but nonprofit organizations are exempt from enforcing the bar (Fix and Zimmermann, 1998).

35. In California, a good example is the passage of Proposition 187, which sought to bar undocumented immigrants from a wide range of public benefits, including public education.

36. As of April 1998, Alabama was considering changing its policy to provide TANF to immigrants in the United States before August 22, 1996. However, no legislation or regulations had been approved.

37. Medicaid is jointly funded by the federal government and the states, and TANF is now a federal block grant to the states. It was also easier for states to continue providing TANF and Medicaid to pre-enactment immigrants because they did not have to affirmatively take action to do so and the cost of this assistance was already built into states' budgets.

38. We include Florida's food program in our analysis since it was in effect for a substantial period of time. Illinois ended its food stamp substitute program in October 1998 but reinstated it in February 1999, covering certain groups of immigrants who remain ineligible for federal food stamps.

39. Congressional proposals to restore benefit eligibility to discrete groups of post-enactment immigrants is a significant departure from these earlier restorations.

40. California's food program began to cover certain post-enactment immigrants only after the federal food stamp restorations were passed.

41. New Hampshire provides assistance to post-enactment immigrants after the five-year bar.

42. These states are Texas, Georgia, Ohio, Utah, Louisiana, Alabama, Arkansas, and Mississippi.

43. These states are Virginia, Oregon, Ohio, Idaho, Mississippi, and Wyoming.

44. The states that remain undecided about the provision of Medicaid following the bar are Texas, Washington, Oklahoma, Alabama, the District of Columbia, Indiana, and South Dakota. The five states that are undecided regarding the provision of TANF are Massachusetts, Virginia, Indiana, South Carolina, and South Dakota. Four states (Arizona, New Mexico, South Carolina, and West Virginia) did not provide information on the provision of Medicaid to post-enactment immigrants after the five-year bar.

45. New Jersey's and Illinois's programs limit assistance for immigrant adults to the parents and legal guardians of children receiving food assistance and do not cover adults who have no dependents. PRWORA restricted able-bodied adults without dependents from food stamps as well, limiting their eligibility to 3 months in a 36-month period unless they fulfill certain work requirements. In New Jersey, Illinois, and the other states that do not provide substitute benefits to working-age immigrants without children, these immigrants do not get the three months of benefits or the opportunity to fulfill the work requirements that similarly situated citizens receive.

46. An analysis of poverty in 1993–1994 found that 30 percent of the U.S. population was poor for at least two months, but only 5 percent was poor continuously for 24 months (Naifeh, 1998).

47. Before welfare reform, for example, a household of two noncitizen parents and one citizen child that had no income was entitled to $328 in monthly food stamp benefits (except in Alaska and Hawaii, where benefits were higher). Following welfare reform, this household now receives $122 per month.

48. Urban Institute tabulations of March 1997 U.S. Bureau of the Census Current Population Survey data.

49. The deeming period for SSI was temporarily extended to five years before welfare reform.

50. The new affidavit of support was put into use beginning December 19, 1997. Immigrants who enter with old affidavits of support, even if they enter after August 22, 1996, are subject to the old deeming rules—applying to the more limited set of federal programs and for only three years. The impact of deeming also depends on other implementation decisions, such as how much of a sponsor's income is deemed. In addition, the law included a one-year exemption from deeming under the new affidavit of support for those immigrants who would go hungry or homeless if they did not receive the assistance. IIRIRA added an exemption to allow immigrants who are victims of domestic violence to receive federal benefits. Some of these implementation issues will be addressed in federal regulations regarding deeming that have not yet been written.

51. One state (Florida) that did not impose deeming ended its program at the end of October 1998.

52. Although states have the option to deem for less time than is required under federal programs, only three states have done so. Utah and Tennessee are deeming for three years in their state-funded TANF programs and Maine is deeming for three years in its SSI substitute program. Some states have not yet implemented deeming. In addition, information on deeming was unavailable for Oregon's SSI and Vermont's TANF substitute programs. See tables 7 to 9 for details.

53. PRWORA legislation inadvertently removed the requirement that states deem in their TANF programs for pre-enactment immigrants. These immigrants, who entered under the old affidavit of support, were subject to deeming for three years. The Balanced Budget Act of 1997, which also restored SSI eligibility for many immigrants, reinstated deeming as an option for states.

54. Cases include California's *Roe v. Anderson* at the U.S. Supreme Court, 98-97; *Maldonado v. Houstoun*, 97-4155, in Pennsylvania; and *Hicks v. Peters*, 98C3247, in Illinois. See Morse et al., 1998. The Supreme Court heard the California case during its 1998–1999 session and ruled that the state cannot provide lower benefits to people new to the state because it violates the constitutional right to travel. (Immigrants newly arriving in the United States would have been exempt from California's two-tier residency requirement.) The Supreme Court's decision may bear on the 15 or so other states that have two-tier residency requirements in their TANF programs.

55. These requirements appear to raise similar constitutional issues based on the right to travel that were raised in the court cases challenging residency requirements for TANF recipients. Florida ended its food program on October 31, 1998. Minnesota's legislature removed this residency requirement on July 1, 1998.

56. New York City, where the large majority of New York's immigrants live, did opt into the program, as did 21 other counties (a total of 22 out of the state's 57 counties). The state estimates that these 22 counties contain 94 percent of the state's foreign-born population.

57. However, immigrants who establish that they are unable to pay the Immigration and Naturalization Service (INS) fee may be granted a fee waiver. Elderly (age 65 and older) and disabled immigrants are automatically eligible for the waiver.

58. Some state programs (such as New Jersey's and Ohio's food assistance programs) exempt disabled and other immigrants from their naturalization requirements.

59. According to federal law, legal permanent residents married to U.S. citizens are eligible to naturalize if they have lived in the United States at least three years.

60. Florida's food program no longer exists.

61. Florida even noted the intended temporary nature of its food program in its name—the Legal Immigrant Temporary Income Bridge Program.

62. The difference between federal SSI benefits and state substitute benefits in California is small. In California, SSI and food stamps benefits are combined. To account for the possibility that immigrants receiving SSI substitute benefits could also apply for food stamps, the SSI benefit amount for individuals is reduced by $10 and for couples by $20.

63. Several other states provide TANF to post-enactment immigrants during the five-year bar, but impose sponsor-deeming for longer than three years.

64. Traditionally, many states have opted to run state- and/or locally funded programs providing cash, in-kind assistance, or health care services to low-income populations not eligible for federal assistance.

65. For a detailed analysis of state General Assistance (GA) programs, see Gallagher, Uccello, Pierce, and Reidy, 1999.

66. Nine states (California, Illinois, Nevada, Idaho, Indiana, Iowa, Nebraska, New Hampshire, and South Dakota) have a state mandate for counties to provide GA. In these states, eligibility and benefits vary by county. Because we did not collect county-level information, GA programs in all but three of these states are not included in our tables and analysis. California is included because immigrant eligibility is standard statewide in its county-run General Relief program. Illinois is also included because immigrant eligibility is standard for Chicago and the 60 townships that receive state funds and follow state guidelines. Finally, Nebraska is included because it runs a statewide program for the disabled in addition to its county-run GA program.

67. The District of Columbia's GA program does not cover the elderly or the disabled.

68. In addition, some GA programs cover certain types of two-parent families. See Gallagher et al., 1999, for a more detailed discussion of GA program eligibility.

69. The average SSI monthly benefit includes the State Supplemental Payment (SSP) for states with federally and state-administered supplements. See appendix A (table A1) for state SSI/SSP and GA benefit levels for individuals. Only five states (Massachusetts, Colorado, Connecticut, Nebraska, and Vermont) had maximum GA benefits for elderly and disabled persons that were higher than the average SSI/SSP benefit levels. In one state with a county-run program (Vermont), the available county information showed higher GA benefit levels than SSI/SSP for that state. Since we compare maximum GA payments to average SSI/SSP payments, this calculation may underestimate the real difference between the two benefit levels.

70. See appendix A (table A2) for state GA and TANF benefit levels for families of three and child-only benefits.

71. But there is great variation across state GA programs, with two states providing higher benefits than under TANF, six providing the same, and nine providing lower benefits. New Hampshire is excluded from these figures because a maximum benefit level was unavailable. In addition, although benefit levels vary by county in Maine, the average county benefit was $138 more than the state's TANF grant. Average maximum monthly benefits were calculated using county information when state information or averages were unavailable (e.g., California, New York, and Illinois).

72. Two states (New Jersey and Pennsylvania) impose lifetime limits, and three states (California, Arizona, and Maryland) impose periodic time limits on their GA programs. Each of these states, however, provides extensions for certain individuals.

73. These three states are California, New Jersey, and Pennsylvania. In 1996, new state legislation in California allowed counties to restrict General Relief eligibility to 3 months out of a 12-month period for recipients deemed employable.

74. PRWORA limited the length of time states could provide federally funded TANF benefits to a lifetime limit of 60 months. However, states can exempt up to 20 percent of their caseload from this requirement and may provide state-funded assistance to families hitting the federal limit. In addition, states with statewide waivers with less strict lifetime limits in place before the passage of federal welfare reform may continue to use these limits until their waivers expire.

75. New Jersey's six-month time limit only applies to those noncitizens who are eligible to naturalize. According to U.S. law, to be eligible to naturalize, legal permanent residents married to U.S. citizens must have lived in the United States for at least three years and all other legal permanent residents must have lived in the United States for five years. If eligible immigrants do not naturalize within six months of first receiving GA benefits, they will be declared ineligible for GA. Immigrants who completed a naturalization application and were unable to naturalize solely because of an INS backlog in processing applications will retain assistance.

76. For a detailed discussion of state TANF work requirements, see Gallagher et al., 1998.

77. A few states appear to have been imposing some form of sponsor-deeming on their GA programs before welfare reform. For example, several counties in California counted the sponsor's income when doing eligibility determinations for immigrants, if the income was ***actually available*** to the immigrant.

78. In addition, three states (California, New Jersey, and Washington) have adopted shorter deeming periods for their programs serving families with children. As of July 1998, Washington had not yet imposed deeming on its GA program.

79. The four states with GA residency requirements are New York, Pennsylvania, Connecticut, and Minnesota.

80. Minnesota's residency requirement is being suspended because of litigation.

81. Six states (New Jersey, Massachusetts, Oregon, Connecticut, Minnesota, and Utah) with GA programs for the elderly or disabled and four states (New Jersey, Massachusetts, Connecticut, and Minnesota) with GA programs serving children or families have naturalization requirements.

82. To be eligible to naturalize, legal permanent residents married to U.S. citizens must have lived in the United States for three years and all other legal permanent residents must have lived in the United States for five years. Immigrants who are unable to naturalize within six months because of INS processing backlogs are not terminated from the program.

83. Colorado's Aid to the Needy Disabled program provides lower benefit levels (by $52) than the average SSI/SSP benefit level. The state's Old Age Pension program, however, provides higher benefits (by $245). And, although deeming is not currently being implemented in this program, it is under consideration by the state. Adoption of sponsor-deeming would limit the program's ability to provide for immigrants ineligible for SSI.

84. Half (9) of the 19 states providing state-funded TANF assistance during the five-year bar also had state GA programs covering families with children, but most of these GA pro-

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grams serve different types of families than the TANF substitute program. Although Nebraska and other states have a state mandate for counties to provide GA, because program eligibility varies by county, it is unknown whether these programs cover families with children.

85. Five states created new SSI substitute programs for immigrants, and 22 other states have existing GA programs covering at least some portion of the elderly and disabled populations.

86. In recent years, states have also sought to reduce the number of uninsured by taking advantage of opportunities to expand Medicaid eligibility, including by obtaining Medicaid waivers.

87. We do not include in this discussion of state health insurance programs health services jointly funded by federal and state funds such as those provided under Medicaid waivers (1115 waivers or home- and community-based waivers) or under the CHIP program. CHIP is discussed in the following section. In addition, we include only state programs that actively enroll state residents; therefore, state-funded health services provided through uncompensated care pools, public health clinics, and public hospitals are also excluded from this discussion. In some places, such as Los Angeles County, public hospitals and clinics may run programs aimed at tracking costs and coordinating health care but they do not guarantee care or enroll their clients, so they are excluded from this discussion.

88. A report by the Alpha Center reported that, in 1996, 16 states ran state-funded health insurance programs. Lipson and Schrodel, 1996.

89. One state, Nevada, has a state mandate for counties to provide public health insurance. Because program eligibility rules and services vary by county, we do not include Nevada in our analysis. For a discussion of state approaches to providing health insurance to low-income populations, see Rajan, 1998.

90. Several states have multiple health insurance programs, often targeting distinct populations.

91. Four of the states that run health programs covering children and families also run separate programs targeting children. These states are New Jersey, Washington, Colorado, and Minnesota. In addition, states are somewhat more likely to extend their health care programs than their cash assistance programs to children and families: 18 out of 23 state health programs cover children and families, compared with 17 out of 27 cash assistance programs.

92. A notable exception is California, where Los Angeles's General Relief-Medical program provides care comparable to Medicaid.

93. Despite the imposition of lifetime limits on TANF under PRWORA, the law requires states to continue to provide Medicaid without time limits to those families meeting the old Aid to Families with Dependent Children (AFDC) eligibility criteria.

94. These states are California, New Jersey, Pennsylvania, and Rhode Island. In addition, some states that run GA cash programs that provide only interim assistance (until an individual begins to receive SSI; e.g., Rhode Island) also temporarily provide health benefits until the recipient begins to receive SSI, and therefore derivative Medicaid. Two states—Maryland and Missouri—providing interim assistance in their GA cash and medical programs have decided to continue to serve immigrants no longer eligible for SSI and Medicaid as long as their disability persists.

95. These states are Connecticut, Minnesota, and Iowa.

96. These states are New Jersey, Illinois, Utah, and Kansas.

97. Eight of the 14 states with substitute Medicaid programs have health insurance programs that serve families or children. An additional two states have health programs serving the elderly or disabled.

98. In these programs, states provide a range of services including assisted living devices, homemaker services, and respite care to help care for homebound persons who would otherwise need institutional-level care. Medicaid home- and community-based waivers and other federally funded programs are not included in these figures.

99. These states are Connecticut, Oklahoma, Iowa, and Kentucky. Oklahoma, which has two in-home assistance programs—one targeting disabled children and one for all homebound patients—restricted both pre- and post-enactment immigrants' eligibility for its program serving children and scaled back the access of immigrants in its other state program to cover only those immigrant groups eligible for nonemergency Medicaid (pre-enactment immigrants and post-enactment immigrants following the five-year bar).

100. Iowa matched SSI's eligibility rules, and Kentucky and Oklahoma matched Medicaid's eligibility rules.

101. These states are California, Connecticut, Iowa, and Kentucky.

102. Low-income noncitizen children, however, are twice as likely as low-income citizen children to be uninsured (52 versus 26 percent) (1995 Current Population Survey, cited in Richardson, 1998).

103. New York is not currently separating state funds and CHIP funds under its Child Health Plus program.

104. At least one county (Denver) opted to provide food assistance to immigrants with these state funds.

105. The Emergency Food Assistance Program (EFAP) provides states with commodities and cash grants for needy people. Data on which states contribute funds to their program are unavailable.

106. Center on Budget and Policy Priorities, 1997.

107. Four states (New York, Massachusetts, Colorado, and Minnesota) report passing legislation following PRWORA that makes unqualified immigrants eligible for state assistance.

108. Companion regulations on how to verify immigration status for federal public benefits were issued on the same date, though draft guidelines were initially issued in November 1997.

109. A federal appellate court decision may limit the scope of care provided to unqualified immigrants through emergency Medicaid. This decision states that treatment provided for ongoing care of chronic conditions stemming from an emergency that has been treated is not reimbursable under emergency Medicaid. *The Greenery Rehabilitation Group, Inc. v. Marva L. Hammon,* No. 97-6236, U.S. Court of Appeals, Second Circuit.

110. Some other regulations, however, have been implemented, including some issued by the California Arts Council, Alcohol and Beverage Control, and the Department of Housing and Community Development. California Immigrant Welfare Collaborative, "California Update," March 25, 1998; June 17, 1998.

111. The lawsuit opposing implementation of regulations barring undocumented women from state-funded prenatal care, *Milagro Doe v. DHS*, No. BC 181 779 (filed November 1997),

was scheduled to go to trial in November 1998. However, that trial was delayed, in part because plaintiffs argue that a new governor may take a different approach. In fact, in his proposed fiscal year 2000 budget, Governor Davis included funding for prenatal care for unqualified immigrants. A status conference will be held in 1999. In the meantime, an injunction barring implementation of the regulations is in effect.

112. Five of the 22 states that provided undocumented women with prenatal care cut them off following welfare reform. They are Florida, Colorado, Oregon, Delaware, and Maine.

113. Kentucky reported that it had not yet decided whether to bar unqualified immigrants from its Women, Infants, and Children (WIC) program.

114. See *Holley v. Lavine*, 553 F.2d 845 (2d Cir. 1977), *cert. denied*, 435 U.S. 947 (1978) and *Berger v. Heckler*, 771 F.2d 1556 (2d Cir. 1985).

115. SSI and Medicaid had broader PRUCOL standards than the AFDC program. The SSI and Medicaid standards include, for example, aliens who have applied for admission as an immigrant and whose departure the INS does not contemplate enforcing. This category includes certain applicants for adjustment of status and U.S. citizens' relatives with an approved immigration application. The PRUCOL standard also applied to Unemployment Insurance.

116. However, the federal definition of PRUCOL for AFDC has been interpreted differently across states, and as a result some states considered other groups of immigrants PRUCOL for AFDC. Some of these groups would now be considered unqualified immigrants.

117. Before the federal action, four states (California, Colorado, Ohio, and Maine) had created special SSI substitute programs for this population that was expected to lose benefits.

118. Massachusetts will use its existing programs, MassHealth Standard and MassHealth Basic, to provide health care to PRUCOL immigrants. The services provided under MassHealth Basic are less comprehensive than Medicaid. Missouri will provide benefits under the state's General Relief program. These benefits are also less comprehensive than Medicaid.

119. Despite former governor Pete Wilson's attempts to bar unqualified immigrants from long-term care under Medicaid, a long-standing court case, *Crespin v. Kizer*, has maintained immigrants' eligibility. In fact, a Superior Court recently ruled (August 1998) that nursing home services must be continued for these immigrants.

120. In California, 35 counties ran some type of naturalization program in 1998. Virtually all of these initiatives were created in response to federal welfare reform. The types of services provided by counties vary widely. Some counties simply referred immigrants to community-based organizations for naturalization assistance, while other counties organized outreach and citizenship events. Overall, in 1998, California counties either allocated or helped raise $5.5 million for naturalization initiatives. Reyes, Johnson, Mameesh, and Barbour, 1998.

121. See appendix B in this report for the scale used to weigh state choices. The weights attached to state decisions are based on the approximate number of people affected and the estimated cost of assistance. The weights are, of course, subjective, and significant adjustments could change the state groupings.

122. States without statewide programs such as GA were not penalized because all state scores were divided over the total number of possible points for that state (i.e., states without state-funded GA or health programs had a lower possible point total).

123. The measure of the strength of states' existing safety nets was created using a scale assigning points for state policy choices in their TANF and Medicaid programs. States with

statewide GA and health insurance programs were awarded extra points. Medicaid generosity was ranked on a scale from zero to seven according to standards developed by Shruti Rajan of the Urban Institute. For an explanation of this measure, see Rajan, 1998.

124. See Zimmermann and Fix, 1993.

125. Because TANF block grant levels are based on spending levels from 1994 and caseloads have declined since then, many states received windfalls under their block grants. To ensure that states continue to spend some of their own money on TANF, the program requires that states maintain 75 percent of their fiscal year 1994 spending level for AFDC if they meet the TANF work participation requirement and 80 percent if they do not.

126. The nine states are Florida, Massachusetts, Maryland, Pennsylvania, Hawaii, Missouri, Nebraska, Maine, and Wyoming. Massachusetts and Pennsylvania used windfall funds to finance their TANF substitute programs. In addition, New York reported using TANF windfall funds to provide food assistance to immigrants. Florida and Wisconsin reported counting expenditures on their food replacement programs toward their Maintenance of Effort (MOE) requirements. (Information on whether states used windfall money or counted funds toward their TANF MOE was unavailable for some states.)

127. U.S. Department of Agriculture, 1998.

128. See, generally, Ku and Kessler, 1997.

129. Urban Institute tabulations of 1996 and 1997 Current Population Survey data. Refugees are approximated based on country-of-origin data.

130. Zimmermann and Fix, 1998; Fix and Passel, 1999.

131. Some of these concerns are misplaced. Use of public benefits does not bear on an immigrant's ability to naturalize and may or may not affect an immigrant's application for legal permanent resident status.

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